Committee Report

CONSENT CALENDAR

February 18, 2021

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Committee on Children and Family Law to which was referred HB 68,

AN ACT relative to the definition of child abuse.

Having considered the same, report the same with the following resolution: RESOLVED, that it is

INEXPEDIENT TO LEGISLATE.

Rep. Cody Belanger

FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

COMMITTEE REPORT

Committee:	**Children and Family Law**
Bill Number:	**HB 68**
Title:	**relative to the definition of child abuse.**
Date:	**February 18, 2021**
Consent Calendar:	**CONSENT**
Recommendation:	**INEXPEDIENT TO LEGISLATE**

STATEMENT OF INTENT

The committee believes this bill would punish parents for following the recommendation of their child's doctor. It is the understanding of the committee that this is a parent's rights issue.

Vote 15-0.

Rep. Cody Belanger
FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

CONSENT CALENDAR

Children and Family Law

HB 68, relative to the definition of child abuse. **INEXPEDIENT TO LEGISLATE.**

Rep. Cody Belanger for Children and Family Law. The committee believes this bill would punish parents for following the recommendation of their child's doctor. It is the understanding of the committee that this is a parent's rights issue. **Vote 15-0.**

Original: House Clerk
Cc: Committee Bill File

Voting Sheets

HOUSE COMMITTEE ON CHILDREN AND FAMILY LAW

EXECUTIVE SESSION on HB 68

BILL TITLE: relative to the definition of child abuse.

DATE: February 18, 2021

LOB ROOM: remote

MOTIONS: INEXPEDIENT TO LEGISLATE

Moved by Rep. Belanger Seconded by Rep. Lewicke Vote: 15-0

CONSENT CALENDAR: YES

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep Caroletta Alicea, Clerk

STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

1/22/2021 9:54:23 AM
Roll Call Committee Registers Report

2021 SESSION

Children and Family Law

Bill #: HB 68 Motion: ITL AM #: _____ Exec Session Date: 2/18/20

Members	YEAS	Nays	NV
Rice, Kimberly A. Chairman	✓		
DeSimone, Debra L. Vice Chairman	✓		
Yokela, Josh S.	✓		
Lewicke, John	✓		
Belanger, Cody M.	✓		
~~Cross,~~ Kenna E. Rep Marsh	✓		
Litchfield, Melissa A.	✓		
Smith, Denise M.	✓		
Long, Patrick T.	✓		
Alicea, Caroletta C. Clerk	✓		
Grossman, Gaby M.	✓		
Levesque, Cassandra N.	✓		
Wazir, Safiya	✓		
Petrigno, Peter	✓		
Altschiller, Debra	✓		
TOTAL VOTE:	15	0	

Public Hearing

HOUSE COMMITTEE ON CHILDREN AND FAMILY LAW

PUBLIC HEARING ON HB 68

BILL TITLE: **relative to the definition of child abuse.**

DATE: **February 3, 2021**

LOB ROOM: **Hybrid** **Time Public Hearing Called to Order:** **1:14 p.m.**

Time Adjourned: **1:45 p.m.**

Committee Members: **Reps. Rice, DeSimone, Alicea, Yokela, Lewicke, Belanger, Cross, Litchfield, D. Smith, Long, Grossman, Levesque, Wazir, Petrigno and Altschiller**

Bill Sponsors:
Rep. Testerman

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

Rep. Testerman, 3rd term - drugs, operations and surgery ends up with blood clots, brittle bones, suicide etc. Probably born the way they are now.

Rep. Rice - do you have a medical degree

Rep. Testerman - no engineering. Who would you propose would take care of this abuse? DCYF

Rep. Belanger - are you aware of their caseloads?

Rep. Testerman - yes, but it no excuse for them not to do their jobs.

Rep. Smith - are you aware of the checklist that exists until they are 18? Difference between 6 yr. old and 16 yr. old that have been through this.

Rep. Testerman - until they are the age of 18.

Rep. Rice - What would happen to the Dr.

Rep. Testerman - I don't know

Rep. Rice - Do you have statistics?

Rep. Testerman - I will get them for you.

Rep. Smith - if you are saying that parents are criminally responsible could you then charge a parent if their child had an abortion?

Rep. Testerman - ludicrous comparison.

Rep. Cross - Any proof of them changing their bodies.

Rep. Testerman - no, not in NH - I'll be leaving.

*Ana Tang - 17 years old -opposed - denying me what I need for my mental and emotional well being . Suicide 1st trans I knew, I knew through death Trans does not know how i feel or the families. Trans kids are just like other kids.

*Lindsay Collins - Concerned parent, youth outreach. Can be harmful to Trans. youth. Its a danger to the youth and parents.

Christine Arsnow - Dr. Pediatrics, state chapter of pediatric Assoc. is VP, urge to vote NO - will cause a terrible issue. Medicaid and HHS of civil rights cover evaluation of children with possible trans gender. Socially transitioning - later teenagers 16 years old can then begin transitioning. It is not a crime its our duty

Alison Breault - Agrees with Ana Tang - parent of trans gender. A bill like this will kill my son. He self mutilates, he's on medication to stop. Show our youth we love and support them.

Recess to later date.

Respectfully submitted,

Rep. Caroletta Alicea, Clerk

HOUSE COMMITTEE ON CHILDREN AND FAMILY LAW

PUBLIC HEARING ON HB 68

BILL TITLE: **relative to the definition of child abuse.**

DATE: **February 18, 2021**

LOB ROOM: **remote** **Time Public Hearing Called to Order:** **1:15 p.m.**

Time Adjourned: **3:02 p.m.**

Committee Members: Reps. Rice, DeSimone, Alicea, Yokela, Lewicke, Belanger, Cross, Litchfield, D. Smith, Long, Grossman, Levesque, Wazir, Petrigno and Altschiller

Bill Sponsors:
Rep. Testerman

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

* 1) Brandy Brown, LCSW, herself, Maine - opposed

Rep. Amanda Toll - Keene @ large - sexual reassignment - opposed
Forcing children to be something they are not. Anti youth bill in disguise. Listen, respect child's identity, our job is to protect granite state kids. Deferred questions.

* 2) Johna Davis, Gilford - representing herself and her children - opposed

* 3) Chris Erchull, Attorney out of Boston, glad for LBQTQ, medical, experiencing opposition focusing on the law. Bill prohibited conversion therapy, it was a ground breaker entitled to live free.

*4) Kelly Moore - representing herself, has a son. If her son did not transition she probably would not have one - opposed

Rep. Grossman - Are there support groups for people to talk about their circumstances.

Abby Maxwell - Concord. Mother of 8 year old girl. Her daughter assigned male at birth but is a girl. A light came over her overnight. Moved from her town to get away from bullying, they do not belong here. That is not how we go forward?

*5) Sophia Ban - 14 years old. represents HS in NH/Dems

*6) Amy Misseli, Licensed attorney - submitted 2/3, went to BC Hospital and had great team. They created a comprehensive plan. Would put the parents as criminals. Proud to live in this state. Irisi, the daughter spoke. Vote no

*7) Jenny Hareska, American Civil Liberties political director. Vote ITL

*8) Amber Lator, Gilford. - Private citizen. herself and her 8 year old daughter,

*9) Kim Peasless, Concord Attorney - submitted written testimony on 2-3. Her son is Trans. Dehumanizes a certain group of people. NH people should be able to live free and not die. ITL

Matthew Krohn - wanted to speak out on trust and love my opposite child, considering its criminal to support my child.

*10) Rowen Quethan, Manchester, representing himself. Worries that the bill gay trans gender has opened his life up. When I talk to people and look in the mirror I am so proud to be trans gender. I urge you to vote no.

Jordan Applewhite, sugar hill. opposed. This person is trans gender. Came out before he turned 30. Trans medical is safe. The language is unhealthy, let trans children live.

* 11)Nancy Brennan - Weare, Gender identity is very complex ITL

*12) Julian David, Gilford. What it is like as a trans gender person. opposed

*13) Genny Manzelti - ITL

*14) Aaron Brewer - Logan Utah. psychologist did not affirm her. Support - no child is born in the wrong body.

Marie Landergan - lives in Mass, grandson is in NH. does not go along with it. hasn't seen him in 4 years. Clinics are not following thereon protocol. Puberty blockers are not working. Why are we medicalizing these children. Children under 16 cannot give conformed consent.

* 15)Marie landrigan - from NY vacation in NH title 9 protects gender 1972. President O'bama said schools should not be treated any differently. Fred Martinez was a boy or girl. Its heartbreaking to not see them for who they are. They don't just give you hormone blockers. Son is 13. Parents who support their children are 50% less likely to commit suicide. Children know who they are and should be supported.

Respectfully submitted,

Rep. Caroletta Alicea, Clerk

House Remote Testify

Children and Family Law Committee Testify List for Bill HB68 on 2021-02-0

Support: 33 Oppose: 2553 Neutral: 0 Total to Testify: 69

Name	Email Address	Phone	Title	Representing	Position	Testifying	S
Tang, Anya	ajtang@exeter.edu	574.326.0882	A Member of the Public	Myself	Oppose	Yes (6m)	1
Collins, Lindsey	Lindseyellisoncollins@gmail.com	804.337.1741	A Member of the Public	Myself	Oppose	Yes (5m)	1
Breault, Alison	breaultalison@gmail.com	603.631.0630	A Member of the Public	Myself	Oppose	Yes (5m)	1
DeCilla-Torres, Karina	karinadecilla58@gmail.com	603.777.6874	A Member of the Public	Myself	Oppose	Yes (5m)	1
Theberge, Timothy	timtheberge@gmail.com	978.869.8356	A Member of the Public	Myself	Oppose	Yes (5m)	1
Murphy, Valerie	Val.Murphy@Libertymutual.com	603.396.4378	A Member of the Public	Myself	Oppose	Yes (5m)	1
wilson, kelsey	Kelseywilson8@icloud.com	603.978.5225	A Member of the Public	Myself	Oppose	Yes (5m)	1
Arsnow, Christine	christine.arsnow@gmail.com	781.865.6525	A Member of the Public	NH American Academy of Pediatrics, NH Medical Society	Oppose	Yes (5m)	1
George, Diana	georgie1801@yahoo.com	603.566.9215	A Member of the Public	Myself	Oppose	Yes (5m)	1
Scales, Cordelia	cescales1073@gmail.com	603.465.8729	A Member of the Public	Myself	Oppose	Yes (5m)	1
Lord, Claire	claire.lord38@gmail.com	508.948.9494	A Member of the Public	Myself	Oppose	Yes (5m)	2
Kroll, Michael	michaelkroll12@icloud.com	617.659.3062	A Member of the Public	Myself	Oppose	Yes (5m)	2
Tavares, Nick	Nicholastavares2023@gmail.com	603.205.1710	A Member of the Public	Myself	Oppose	Yes (5m)	2
Sinclair, Avery	avrysinclair@gmail.com	603.969.7775	A Member of the Public	Myself	Oppose	Yes (5m)	2
Varma, Anuj	anuj@prompthire.com	408.603.3479	A Member of the Public	Myself	Oppose	Yes (5m)	2
O'Keefe, Katherine	katherineokeefe1@gmail.com	617.530.0730	A Member of the Public	New Hampshire Medical Society	Oppose	Yes (5m)	2
Reagan, Kaycee	kayceereagancontact@gmail.com	603.348.4370	A Member of the Public	A friend	Oppose	Yes (5m)	2
Dimick, Honor	Honordean@gmail.com	618.420.8691	A Member of the Public	Myself	Oppose	Yes (5m)	2
Coles, Mandy	mcoles@bu.edu	781.789.4255	A Member of the Public	Myself	Oppose	Yes (5m)	2
Wilcox, Nicole	nikkiw34@hotmail.com	603.391.2805	A Member of the Public	Myself	Oppose	Yes (5m)	2
Shea, Fionn	fionnshea@gmail.com	603.748.2720	A Member of the Public	Myself	Oppose	Yes (5m)	2
Decker, Amara	amaradecker@gmail.com	603.534.2063	A Member of the Public	Myself	Oppose	Yes (5m)	2
Joslin, Lane	Ljoslin04@gmail.com	207.752.0484	A Member of the Public	Myself	Oppose	Yes (4m)	1
Goodbred, Colin	colin.goodbred@gmail.com	615.496.8413	A Member of the Public	Myself	Oppose	Yes (4m)	1
Strickland, Natalie	natalieestrickland@gmail.com	571.748.8222	A Member of the Public	Myself	Oppose	Yes (4m)	1
Marrone, Max	Mmarrone219@gmail.com	603.677.2847	A Member of the Public	Myself	Oppose	Yes (3m)	1
Smith, MD, Jennifer	jaycmd7699@gmail.com	603.485.4231	A Member of the Public	Myself	Oppose	Yes (3m)	1
Biondolillo, Sophia	sophiabiondolillo@gmail.com	347.674.4243	A Member of the Public	Myself	Oppose	Yes (3m)	1
Hruska, Jeanne	Jeanne@aclu-nh.org	307.272.8727	A Lobbyist	ACLU-NH	Oppose	Yes (3m)	2
Braeburn, Kay	kay.braeburn@gmail.com	603.937.5319	A Member of the Public	Myself	Oppose	Yes (3m)	1
Ahn, Ji-Eun	arimnickerahn@comcast.net	603.770.0278	A Member of the Public	Myself	Oppose	Yes (3m)	2
Loomis, Morgan	Moloomis21@sau8.org	603.300.7919	A Member of the Public	Myself	Oppose	Yes (3m)	1
Ehrenfeld, Jesse	Jesse.Ehrenfeld@ama-assn.org	312.464.4782	A Member of the Public	American Medical Association	Oppose	Yes (3m)	2
Miles, Adam	adam@adammiles.com	603.321.2428	A Member of the Public	Myself	Oppose	Yes (3m)	2
Williams, Lindsey	lindseyfordover@gmail.com	603.534.2119	A Member of the Public	Myself	Oppose	Yes (2m)	2
Connors, Sara	saracconnors@gmail.com	603.233.4447	A Member of the Public	Myself	Oppose	Yes (2m)	2
MacLeod, Barbara	Barbmac@me.com	207.439.6644	A Member of the Public	Myself	Oppose	Yes (2m)	1
goldstone, sam	sgoldstone514@gmail.com	508.654.8919	A Member of the Public	Myself	Oppose	Yes (2m)	1
Manzelli, Jenny	jenny.manzelli@gmail.com	603.703.9132	A Member of the Public	Myself	Oppose	Yes (2m)	2
Henne, Adam	adampetershenne@gmail.com	307.840.9663	A Member of the Public	Myself	Oppose	Yes (2m)	2
Nadeau, Samantha	Immasn17@yahoo.com	603.545.8099	A Member of the Public	Myself	Oppose	Yes (1m)	2
Andrews, Inez	zenialle@gmail.com	978.317.0843	A Member of the Public	Myself	Oppose	Yes (1m)	2
Toomey, Natasha	natashatoomey1@gmail.com	617.866.0444	A Member of the Public	Myself	Oppose	Yes (15m)	1
Stevenson, Noelani	noelanimstevenson@gmail.com	603.856.1763	A Member of the Public	Myself	Oppose	Yes (10m)	2

Golden, Eric	eric.f.golden@gmail.com	781.514.7903	A Member of the Public	Myself	Oppose	Yes (10m)	1
Kirby, Angel	makaylakirby0127@gmail.com	603.275.8644	A Lobbyist	Myself	Oppose	Yes (10m)	1
Grey, Reese	reeseogrey@gmail.com	661.331.3476	A Member of the Public	Myself	Oppose	Yes (10m)	2
Rogers, Madeline	mad.rogers8@yahoo.com	603.706.2894	A Member of the Public	Myself	Oppose	Yes (0m)	1
goodwin, josie	jgoodwin24@edu.sau88.net	603.929.7277	A Member of the Public	Myself	Oppose	Yes (0m)	1
Harrison, Kathryn	harrison.katy.d@gmail.com	708.606.8078	A Member of the Public	Myself	Oppose	Yes (0m)	1
Peaslee, Kim	kim.peaslee88@gmail.com	978.346.5494	A Member of the Public	Myself	Oppose	Yes (0m)	1
Marshall, James	jim_marshall2268@yahoo.com	978.930.1013	A Member of the Public	Myself	Oppose	Yes (0m)	1
St. John, Hon. Michelle	stjohnmichelle@gmail.com	603.213.1225	A Member of the Public	Myself	Oppose	Yes (0m)	1
Good, Jules	juligood5@gmail.com	480.335.8767	A Member of the Public	Myself	Oppose	Yes (0m)	1
Erchull, Chris	cerchull@glad.org	520.360.1846	A Lobbyist	GLBTQ Legal Advocates & Defenders	Oppose	Yes (0m)	1
maxwell, jacob	jakemaxwell@gmail.com	603.409.9239	A Member of the Public	Myself	Oppose	Yes (0m)	1
Manzelli, Amy	manzelli@nhlandlaw.com	603.496.9590	A Member of the Public	Myself	Oppose	Yes (0m)	1
Maxwell, Abi	abikmaxwell@gmail.com	603.717.4572	A Member of the Public	Myself	Oppose	Yes (0m)	1
LaTorre, Amber	amblatorre@gmail.com	603.777.7545	A Member of the Public	Myself	Oppose	Yes (0m)	1
Mooshian, Matt	mooshian.m@gmail.com	603.454.8413	A Member of the Public	Myself	Oppose	Yes (0m)	1
Wilkins, David	dwilkinsnh@gmail.com	603.566.6033	A Member of the Public	Myself	Oppose	Yes (0m)	1
Davis, Julien	jedavis727@gmail.com	603.455.7750	A Member of the Public	Myself	Oppose	Yes (0m)	1
Stanton-Turcotte, Danielle	dst@dal.ca	902.817.0232	A Member of the Public	Myself	Oppose	Yes (0m)	1
Minicucci, Robert	rpminicucci3@gmail.com	603.481.0600	A Member of the Public	Myself	Oppose	Yes (0m)	2
pratt, madeline	slaytgedaymaddie@gmail.com	603.573.1578	A Member of the Public	Myself	Oppose	Yes (0m)	2
Tomilson, Helen	hctomilson@gmail.com	603.703.8956	A Member of the Public	Myself	Oppose	Yes (0m)	2
Brennan, Nancy	burningnan14@gmail.com	5291969	A Member of the Public	Myself	Oppose	Yes (0m)	2
Toll, Amanda	electamandanh@gmail.com	603.860.1994	An Elected Official	Myself	Oppose	Yes (0m)	2
Moore, Kelly	kcmodat@yahoo.com	603.553.3361	A Member of the Public	Myself	Oppose	Yes (0m)	2
Galvin, Oli	Helloimapersonxd@gmail.com	603.854.1630	A Member of the Public	Myself	Oppose	No	2
Casey, Samantha	caseys17@live.franklinpierce.edu	860.382.5190	A Member of the Public	Myself	Oppose	No	2
Larrabee, Annie	Alarrabee1@gmail.com	508.596.7050	A Member of the Public	Myself	Oppose	No	2
Knight, Hannah	Hknight94@gmail.com	603.479.2400	A Member of the Public	Myself	Oppose	No	2
Ducharme, Amber	Ajducharme1013@gmail.com	603.327.7491	A Member of the Public	Myself	Oppose	No	2
Brady, Daniel	dbrady1981@yahoo.com	603.867.6838	A Member of the Public	Myself	Oppose	No	2
Messina, Alexis	alexislayne102@outlook.com	603.361.2743	A Member of the Public	Myself	Oppose	No	2
Norwood, Veronica	veronicamichelle0906@gmail.com	414.813.5290	A Lobbyist	Myself	Oppose	No	2
Forcier, Marie	marieforcier4@gmail.com	603.345.3123	A Member of the Public	Myself	Oppose	No	2
hicks-vaillancourt, avery	lemons2884@gmail.com	603.497.0997	A Member of the Public	Myself	Oppose	No	2
Cullinane, Kate	kaayyswaff@gmail.com	603.493.0734	A Member of the Public	Myself	Oppose	No	2
Tarallp, Nathan	natejtarallo@gmail.com	781.539.4485	A Member of the Public	Myself	Oppose	No	2
Meconi, Lisa	Lmeconi72@comcast.net	703.682.0872	A Member of the Public	Myself	Oppose	No	2
Summerlin, Elizabeth	lizzys215@icloud.com	603.290.0666	A Member of the Public	Myself	Oppose	No	2
Disenhof, Larry	Larryd@disenhof.com	693.339.1154	A Member of the Public	Myself	Oppose	No	2
Mattison, Yasmina	ymattisonsudan@gmail.com	413.345.0796	A Member of the Public	Myself	Oppose	No	2
Wilson, Joshua	joshua.wilson@comcast.net	603.203.4144	A Member of the Public	Myself	Oppose	No	2
Stix, Laurel	Laurel.stix@gmail.com	518.935.7607	A Member of the Public	Myself	Oppose	No	2
duval, chloè	chloeduval2004@gmail.com	603.268.1507	A Member of the Public	Myself	Oppose	No	2
Chick, Talia	Taliachick27@gmail.com	774.266.5694	A Member of the Public	Myself	Oppose	No	2
Mulrey, Molly	mollymulrey@yahoo.com	575.686.8296	A Member of the Public	Myself	Oppose	No	2
Double, Michele	Mdouble33@gmail.com	603.231.0417	A Member of the Public	Myself	Oppose	No	2
Bourgeois, Mary	m-bourgeois@hotmail.com	603.812.8031	A Member of the Public	Myself	Oppose	No	2
Lambert, Marilyn	marannelamb@comcast.net	603.483.5063	A Member of the Public	Myself	Oppose	No	2
Muhammad, Z	zqmrainbow@gmail.com	802.490.9094	A Member of the Public	Myself	Oppose	No	2
Letson, Lynn	Letson818@comcast.net	603.759.5277	A Member of the Public	Myself	Oppose	No	2
St.Pierre, Elijah	elijahstp@gmail.com	603.226.3675	A Member of the Public	Myself	Oppose	No	2
Letson, Charles	Letson818@comcast.net	603.759.5826	A Member of the Public	Myself	Oppose	No	2
Lacerte, Katrina	KatrinaLacerte@gmail.com	603.540.0477	A Member of the Public	Myself	Oppose	No	2

Iannuzzo, Gray	02220037@mansd.org	603.264.7597	A Member of the Public	Myself	Oppose No	2
Vanbibber, Isabella	isabellapatiencevanbibber@gmail.com	4847473	A Member of the Public	Myself	Oppose No	2

Testimony

Karen Karwocki

From: Queathem, Rowan <QUEATHEM1@grinnell.edu>
Sent: Thursday, February 18, 2021 2:26 PM
To: ~House Children and Family Law Committee
Subject: Testimony in opposition to HB68

Dear members of the House Children & Family Law Committee,

My name is Rowan Queathem, and I'm from Manchester, NH, representing myself. I spoke today in the public hearing against HB68. This is my written testimony:

We have already heard that HB68 is not based in the latest medical science. We have already heard that it would deny lifesaving care to an incredibly vulnerable population and contradict existing law. And we have heard moving testimony from parents of transgender children, as well as a transgender child. I worry that the motivation for this bill, since it is not based in science, is instead based in the belief that it is bad or wrong to be transgender. So what I want to offer you is direct testimony from a transgender person. I am a gay transgender man. I grew up in rural Iowa in the late 90s and 2000s and did not even know what it meant to be transgender until I was in college. Now that I have transitioned, I can say confidently that the choice to do so was the best decision I have ever made. It has opened up my life in ways that I could never have imagined when I was a child. When I look in the mirror and see a beard, when I talk to people and hear my voice, when I look at my body and see how much it has changed because of the medical care I have been able to access — I am grateful beyond words. The fact that young transgender people are now able to access quality, gender-affirming health care at a younger age than I did is amazing and wonderful and should be celebrated, not stifled, because it is a good thing to be trans. I am so proud to be trans. This bill is unscientific, prejudiced, and cruel, and I urge you to vote no.

Sincerely,

Rowan Queathem

_____

Rowan Queathem
M.T.S. and Certificate of Sexuality & Religion, Pacific School of Religion '19
B.A. Religious Studies, Grinnell College '17
he/him/his // they/them/theirs

Thank you, Madam Chair, and members of the committee, for taking my testimony today. My name is Sophia Biondolillo, I'm 14, I live in Manchester, and I am speaking today on behalf of the New Hampshire High School Democrats in opposition to HB68.

I am opposed to this bill because if it were enacted it would have devastating effects on the mental and physical well-being of thousands of New Hampshire citizens and deny them access to healthcare that is absolutely necessary for their basic health.

There are a number of reasons that this bill is not viable, but first and foremost is the wording. Nowhere in this bill or in the original legislation is the word "subject" defined, so it could be one of two things: either this is in reference to a parent forcing their child to transition, or it is simply just a ban on transitioning for minors. I think it's highly unlikely that this bill is strictly intended to prevent parents from forcing their children to medically transition, because we all acknowledge that that would be ridiculous. Forced transition is not happening in this state or anywhere in the country, and it would be extremely difficult if ever attempted. I think what's much more likely is that this bill is, explicitly or not, intended solely to prevent minors from transitioning and accessing the healthcare they need.

So, let's assume that "subject" could apply to situations where a child willingly transitions. In that scenario, I would like to address several things, as I'm sure that several people will testify today to try to convince the committee that transitioning is dangerous for teens when it is not.

Firstly, some people claim that people who transition are motivated by mental illness. They may site that transgender people are more at risk for certain conditions. However, this insinuates a relationship between being trans and having mental illness that does not exist. A more accurate way to represent this statistic would be that people who are trans are more likely to be harrassed and traumatized due to their identity. In addition, there is a condition called gender dysphoria that many transgender people have. It is defined by the American Psychiatric Association as "psychological distress that results from an incongruence between one's sex assigned at birth and one's gender identity". This experience can be crippling for many transgender people and can contribute to other aspects of their mental health, but it is also the reason why transitioning is so important for people with gender dysphoria. According to a study from 2018, people who have gender dysphoria are at higher risk for suicidal ideation and other mental health issues, as we have heard. Transitioning is one of the only ways that this type of dysphoria can be treated and allieved. So, not only is being transgender *not* a result of mental illness, but in fact, transitioning significantly *improves* mental health for trans people with gender dysphoria.

Some also say that transgender people may regret transitioning. However, that data is largely outdated. In a study in 2005 that sampled 325 people, only 2 expressed any regrets after transitioning. This is a minute percentage and in no way represents any significant amount of people, especially when you consider that almost 5,000 transgender people are estimated to live in New Hampshire. The researchers also stated that "after treatment the group was no longer gender dysphoric," and that "the vast majority functioned quite well psychologically [and]

socially.” De-transitioning is not a major issue in New Hampshire’s communities or anywhere else, and trying to use that to justify a dangerous and hateful bill is not only wrong but also wholly lacking in any real logical basis.

In conclusion, what is important to recognize is that transitioning as a transgender person is not a result of mental illness, it is not a trend or a phase, but something that is necessary for many transgender people and those who experience gender dysphoria. Preventing transgender people from accessing the help they need directly harms them, and if this bill were to be abused, it would have exactly that effect.

I urge the committee to do what is necessary to protect transgender people in this state, join the NHHSD, and oppose HB68.

Karen Karwocki

From: Silver Bat <panopticeyes@gmail.com>
Sent: Thursday, February 18, 2021 1:55 PM
To: ~House Children and Family Law Committee
Subject: Testimony against HB68 (Part 2)

https://www.acluohio.org/archives/blog-posts/transgender-people-have-always-existed

P.S. Transgender and non-binary individuals have always existed throughout the world and throughout history. Just because we have not heard of these people, does not mean they do not exist.
" In fact, science has proven there are at least 6 distinct biological sexes and limitless gender expressions....Before Europeans colonized the globe, thousands of indigenous peoples acknowledged and celebrated multiple gender identities as part of their culture. Part of the process of colonization includes redefining culture, customs, identities, values, and norms. The imposition of the European ideal of gender (man, woman) was a tool of the colonization process and became the standard for gender identity as we know it today (https://www.acluohio.org/archives/blog-posts/transgender-people-have-always-existed). "

"Yet hundreds of distinct societies around the globe have their own long-established traditions for third, fourth, fifth, or more genders. The subject of *Two Spirits*, Fred Martinez, for example, was not a boy who wanted to be a girl, but both a boy and a girl — an identity his Navajo culture recognized and revered as *nádleehí*. Meanwhile, Hina of *Kumu Hina* is part of a a native Hawaiian culture that has traditionally revered and respected *mahu*, those who embody both male and female spirit (https://www.pbs.org/independentlens/content/two-spirits_map-html/)."

https://www.pbs.org/independentlens/content/two-spirits_map-html/
If you look at the map in the second reference, and above, you will see that two spirits, and other people who exist outside of the male/female binary have existed all over the world. In Navajo society, they were revered.

Dear Committee Members,

My name is Sara Bach and I am submitting written testimony on behalf of the New Hampshire High School Democrats.

I am testifying in opposition to HB68 because as a minor, I believe that classifying gender-affirming healthcare undermines the struggles not only of non-cisgender children but of abused children as well. Child abuse is defined as “behavior in which adults intentionally treat children in a cruel or violent way.” Such abuse includes but is not limited to, hitting and beating a child, neglecting their basic needs, and even molesting or sexually harassing them.

Meanwhile, members of this committee have sponsored a bill that would classify such gender-reaffirming healthcare as child abuse. Trans and nonbinary children face heightened levels of depression, anxiety, bullying, and are more likely to commit suicide. By not allowing them to be who they are, the state legislature would be contributing to the trauma faced by children when they can’t present themselves as the gender they identify with.

As a state, we can create a safer environment by acknowledging and seeking to understand the daily struggles trans and nonbinary children face. We must not undermine healthcare that is up to the will of the child.

I ask that New Hampshire representatives oppose this bill and refrain from undermining the severity of child abuse cases and the struggles faced by those seeking gender reassignment healthcare. Instead, I urge you to permit such healthcare in order to create a safe environment for all.

Karen Karwocki

From: Silver Bat <panopticeyes@gmail.com>
Sent: Thursday, February 18, 2021 12:44 PM
To: ~House Children and Family Law Committee
Subject: Testimony against HB68

Ladies and Gentleman of the Committee of The New Hampshire House of Representatives,

I vehemtly oppose the Bill HB68. I am a parent of a transgender child. This Bill that has been introduced wants to make any treatment that would alleviate gender dsyphoria in a transgender or non-binary child, be illegal and counted as child abuse. This is ridiculous not only because it would violate the rights of EVERY single child that does not fit into the black and white gender binary that this society is pushing currently, but it would also incriminate parents who were just trying to be supportive of their children.

Title IX protects citizens not only on the basis of sex and gender but also gender identity. Title IX of the Educational Amendments of 1972: https://www.justice.gov/crt/title-ix-education-amendments-1972. In 2016, then President Obama made it clear that transgender people of all ages have rights under this legislation. In a statement made by the Department of Education it was brought forth that, "a school must not treat a transgender student differently from the way it treats other students of the same gender identity" and doing so without "requiring students to produce … identification documents in order to treat them consistent with their gender identity."

Hormone blockers, or hormone treatment is often the appropriate course for transgender pre-teens and teens. Hormone blockers in an of themselves, simply delay puberty, and are used for a variety of reasons besides gender identity, including precocious or early puberty, especially in girls, whose bodies are more easily affected by the pesticides in our environment and hormones in the food we eat. The rate of transgender suicides has been shown to be significantly higher than the rates for other youth. Transgender youth are 5 times as likely to have attempted suicide as compared to heterosexual cis gender peers . However parents who support their children's true identities, can mitigate the risk of self harm and attempted suicides. "Dr. Caitlin Ryan and the Family Acceptance Project, which found that LGBTQ youth whose families affirm their gender identity and sexual orientation are almost 50 percent less likely to make a suicide attempt compared to those whose families are unsupportive (https://www.hrc.org/news/family-acceptance-saves-lives) " Acceptance, and recieving appropriate medical care can quite literally save the lives of Transgender and Non-Gender conforming children and teens.

Children know who they are and need to be supported. Taking away the rights of transgender children is abuse. Supporting them is love. Please do not allow the hatred and ignorance of a small group of individuals abuse good people.

Marie Landrigan

Karen Karwocki

From: Nancy Brennan <burningnan14@gmail.com>
Sent: Thursday, February 18, 2021 12:21 PM
To: ~House Children and Family Law Committee
Subject: HB68
Attachments: New Book "Irreversible Damage" Is Full of Misinformation Psychology Today.webarchive; Research on the Transgender Brain What You Should Know – Health Essentials from Cleveland Clinic.webarchive

I include two articles with this testimony for your information, one from Psychology Today on the harm of misinformation, the other from the Cleveland Clinic on transgender brain research.
2/18/21. HB68

Good afternoon. My name is Nancy Brennan. I am an old cis woman from Weare. I speak in opposition to HB68. Like some of you on this panel, and like the bill's sponsor himself, when we were 6, 16, 26 even, we didn't know (or didn't know we knew) any transgender people. We may have read in a publication like LIFE magazine about Christine Jorgensen, the first "famous" transgender person, a WWII vet who transitioned in the early 1950's, but we were mostly ignorant about what it meant to be transgender. I dare say that unless we are transgender ourselves or raising a transgender child or a medical worker treating and researching what it means to be transgender, we still don't really know.

But we can listen to our friends who are living this experience, we can read comprehensive evidence-based research, and we can hopefully separate fact from fake information.

Rep Testerman said helping transgender children be their authentic selves just "makes no sense," I would ask him to do some in-depth research, talk to parents, health care workers and the courageous young people who have given testimony on this bill and all of those who spoke in favor of passing the transgender non discrimination bill a couple of years ago. Listen to the testimony he missed last week.

We have come a long way in 70 years. We now know that gender identity is a complex combination of brain function, gene variants, hormone levels and myriad other factors and that most transgender children are aware of their gender at a very young age. Helping these children live as their authentic selves makes them much happier and much more stable, even saves their lives. Treating transgender children is not child abuse. One expert has said that denying proper care to a transgender child is akin to denying care for asthma or cancer. These are decisions for parents and doctors, not legislators.

Please vote ITL for HB68.
Thank you.

Nancy Brennan, Weare

Karen Karwocki

From: Holly Ruocco <holly@drholly.net>
Sent: Thursday, February 18, 2021 11:41 AM
To: ~House Children and Family Law Committee
Subject: I Support HB68

I support protecting children from this abuse.

Sent from my iPhone
Holly Ruocco
https://us-east-2.protection.sophos.com?d=newenglandintegrativehealthcenters.com&u=d3d3Lm5ld2VuZ2xhbmRpbnRlZ3JhdGl2ZWhlYWx0aGNlbnRlcnMuY29t&i=NWViOWEzNmVkMDA3MzIxNzcxMzJhMTc2&t=L3RlR0xBaFU4enUxczZzWXluakhPUldiVDYxTGg5b1poRnpSMXIxaWQ5TT0=&h=429ec5034f39424cafc14fe8f5e226db
603-894-5654

Karen Karwocki

From: Gerri Cannon <gerri.cannon@gmail.com>
Sent: Thursday, February 18, 2021 9:52 AM
To: ~House Children and Family Law Committee
Subject: NH House Remote Testify: 1:15 pm - HB68 in House Children and Family Law

To: Children and Family Law Committee

Instead of being just another voice in the myriad of voices you will hear on this bill, I think it is best that I share my words in this email message.

I've worked with a few families who are concerned about their child's health and welfare. In all of these cases their children are exhibiting traits that demonstrate gender confusion. I work with these families to find the best Mental Health specialists and Family Physicians to determine if this might be a phase the child is going through or really a condition that requires ongoing healthcare.

In many ways a Child with gender confusion issues is no different than a child with Autism, OCD, ADD or many other anti-normative social conditions. Parents of these children deeply care for the wellbeing of their children and are looking for help.

I feel that HB 68 is a form of State supported discrimination, in that identifies one small group of families and will cause them great harm. In some cases it will force families to leave our State. In other cases I suspect that numerous legal cases could be made against this form of State sponsored discrimination.

I also feel that this Bill would be yet another example of Government oppression. Even if this Bill were to pass, I don't know how it can be enforced. Medical and Healthcare Professionals are sworn to take care of the sick or those in need of care. I can't envision one of our courts finding fault with a family caring for the wellbeing of their children.

I'm recommending that you ITL this bill. If not for the negative impact on our families, but the negative view it will have on all of us as Legislators caring for our constituents.

Thank you for your time and service.

Representative Gerri Cannon

Strafford County District 18

Somersworth, NH - *- Proud Past, Bright Future*
(603) 841-5410

Karen Karwocki

From: annie01463 <annie01463@yahoo.com>
Sent: Thursday, February 18, 2021 8:20 AM
To: ~House Children and Family Law Committee
Subject: I Support HB68

To Whom it may concern,

I am writing in support of this bill. As one who has been personally affected by this "ideology" and having been researching this topic since 2016 when my daughter all of a sudden told me my 7yr. old Grandson is a "girl". He never shown any sign of Gender Dysphoria and because I did not believe children should be medicallly altered for a condition they are more likely to outgrown than not, and that I did not succumb to her beliefs, I have been pushed out of his life. I have not seen him in 4 yrs! In my research I have found that 80-90% of children desist after puberty if left alone, and dispite what Activists say, Puberty Blocker are not harmless, and many side effects are not reversible. Many teens, that all of a suddened, after social media binge are coming out as "transgender", contadicting what "gender professions" say, that a child should be "insistant, consistant and persistant" before considering medical treatment, but yet many teens are getting hormones on their first or second visit! This is fastly becoming a medical scandal across the USA! Puberty is what is a the "cure" in MOST cases, Pubery is not a disease and children can not give informed consent! I fully support this bill! P.S..My Grandson is a resident of N.H.! Thank you!

Ann Blanchette
30 Livingston Ave.
Lowell, Ma. 01851

Karen Karwocki

From: Genevieve Orban <gen@capabilityintelligence.com.au>
Sent: Thursday, February 18, 2021 6:55 AM
To: ~House Children and Family Law Committee
Subject: I Oppose HB68

Children must be protected from puberty blockers. They do not improve dysphoria, damage bones, brain development and lock kids into an identity which most simply outgrow. Dysphoria is in any case is a psychological condition. PBs often used to trans away the gay by attention seeking parents relieved to be able to turn their unacceptable effeminate boy into a surgically and chemically sterilised person of feminine appearance whi will never have any sexual function.
The evidence base does not support medical Transing.
Get Outlook for iOS

Karen Karwocki

From: Benjamin Stinson <benrkstinson@gmail.com>
Sent: Thursday, February 18, 2021 1:18 AM
To: ~House Children and Family Law Committee
Subject: Statement of Opposition to HB68

Dear Chair Kimberly Rice and House Committee on Children and Family Law members,

Please vote ITL on HB68. This bill is a misguided attempt to legislate the health decisions of your constituents on the sole basis–as near as I can tell–that the state legislature knows better than parents and their children what the child's gender is.

This bill criminalizes the trangender children and their families. HB 68 should be opposed because:

1) It denies transgender minors access to life-saving medical care. It targets–and would even criminalize–parents who support their transgender child by providing life-saving and life-affirming medical care.

2) This same legislation has been defeated in the NH house twice before, through bipartisan opposition, most recently in 2019 with an ITL vote of 309-59.

3) The NH legislature has, in recent years, worked to improve the lives of our transgender citizens across party lines. This bill flies in the face of that work, and does not represent the people of New Hampshire.

4) Were this bill to pass, the state would instantly be sued, and since this bill seems to fly in the face of anti-discrimination laws, privacy laws, etc., it would be very unlikely to hold up in court.

I strongly urge you to vote ITL on HB68 later this week.

Thank you for your attention regarding this important matter.

Sincerely,
Ben Stinson

Karen Karwocki

From: Jennifer Bilek <jbportraits22@gmail.com>
Sent: Thursday, February 18, 2021 11:09 PM
To: ~House Children and Family Law Committee
Subject: I Support HB68

To whom it may concern, I have been researching and writing about the money and power behind the trans lobby, capturing all our institutions, harming young people and children for eight years.

This is an agenda driven by Big Pharma and elites to restructure society.

I implore you to read just a couple of my articles to understand what is transpiring here and how young people are being caught in a terrible web, leading to outrageous harms to their healthy bodies.

https://thefederalist.com/2018/02/20/rich-white-men-institutionalizing-transgender-ideology/

https://uncommongroundmedia.com/stryker-arcus-billionaires-lgbt/

This video, which I included in one of my recent blog posts at the11thhourblog.com exhibits a major biopharmaceutical corporation advertising double mastectomies of young healthy breasts.
https://www.youtube.com/watch?v=Jtp_QKk41O0&t=1692s

Here is another video of surgeons in California, now performing what they advertise as non-binary surgeries, where they invert a man's scrotum, pull it inside a hole they have drilled inside his body, and left his penis intact. https://www.mozaiccare.net/peritoneal-pull-through-vaginoplast

Each day, this situation grows clearly worse, with over 38000 young woman now campaigning for funds on gofundme.com to have their health breasts removed (up from 37000 two weeks ago).

You must see that something is terribly wrong here, when body dissociation is advertised to young people as a cool new lifestyle.
https://www.the11thhourblog.com/post/the-allure-of-body-dissociation

Again, I implore you to examine what is happening here. Ten years ago there were zero gender clinics for youth in the US. There are now 773 in North America and Australia and the list is growing every day.
https://twitter.com/GenderMapper/status/1360367800011923457?s=20

Thank you for taking the time and care to understand what is happening here.

Sincerely,
Jennifer Bilek

Karen Karwocki

From: stacy kennedy <catsydestiny@hotmail.com>
Sent: Wednesday, February 17, 2021 8:33 PM
To: ~House Children and Family Law Committee
Subject: I support HB68

A recent judicial review in the UK found that children cannot reasonably be expected to understand the implications of puberty blocking therapy. This is an experimental treatment and little is known about its long-term effects. We DO know that puberty blockers inhibit bone growth. Animal studies suggest they effect cognitive development.

We also know that virtually all children treated this way go on to medical transition, while gender dysphoria resolves for the majority of children not so treated. Children on pbs followed by hormone therapy will wind up infertile. Their capacity for sexual function may be compromised. How can children comprehend these risks fully? And without such comprehension, how can they be honestly said to consent to this treatment?

I support this bill.

P. S. If anyone is keeping score, I am a liberal and a lifelong Democrat who supports gay rights. This is not a partisan matter.

Karen Karwocki

From: Amber LaTorre <amblatorre@gmail.com>
Sent: Wednesday, February 17, 2021 8:25 PM
To: ~House Children and Family Law Committee
Subject: NH House Remote Testify: 1:15 pm - HB68 in House Children and Family Law

Representative Kimberly Rice and members of the Children and family law committee.

My name is Amber LaTorre and I live in Gilford NH and I am here as a private citizen. I oppose bill HB68 relative to the definition of child abuse.

I am a mom of 8 year old girl is cis gender meaning she is not trans. If at any point she shows signs of identifying as trans, a transition would be a long process with many health care providers involved. Gender affirming treatments are not given lightly and are under the care of a trained doctor. Blockers and hormones are recommend as treatment options for youth who express consistent and persistent gender dysphoria. This bill inserts the government into the role of parents and doctors and prohibits them from making informed decisions for the children whose care in entrusted to them. Study after study has showing that affirming trans kids and following the affirming model has been recommended by nearly every major medical association including American Academy of pediatrics, The American Medical association and the American Psychological Association.

On a personally level I have witness a child come out as trans and have seen how much affirming her gender has impacted her behavior in a positive way. She is much happier, smiles more and it is easy to see her confidence has improved. For a parent of a trans kid, this bill can do harm to a child's future and can contribute to more suicides. Any parent should be concerned about a bill like this. Medical treatments should be a private matter between youths, their parents and doctors. I urge you to vote to oppose this bill and keep the government out of our doctors' offices. Thank you to the committee for allowing me to express my concerns about this bill.

Thank you,

Amber LaTorre
Gilford, NH

Karen Karwocki

From: Kate & Chris <samsa@pacifier.com>
Sent: Wednesday, February 17, 2021 8:23 PM
To: ~House Children and Family Law Committee
Subject: I Support HB68

Dear Legislators:

I write to you from Oregon in strong support of HB68.

I am a retired health worker and medical paralegal and have devoted my retirement to assisting and advocating for families whose children have been permanently damaged, medically and psychologically, by the for-profit gender industry; which has failed to produce a testable theory or any evidence in support of its interventions *on adults* despite a century of live human experimentation.

I have met hundreds of young people (desisters and detransitioners) from around the world who have suffered permanent loss of health and reproductive function before realizing that they too had simply been experimented upon. My home state of Oregon was one of the world's leaders in this experimentation: more than a century ago it removed the reproductive organs of a young lesbian because she wanted to practice medicine and marry a woman. The facility has been closed down several times since then, and been the subject of many ethics investigations and complaints for its treatment of gender dysphoric individuals. And now it leads the world in turning its attention to children.

It does so well supported by other interested parties, including the leading "standard" setting organization, WPATH, whose standards-of-care author has admitted to the First Circuit Court of Appeals in Kosilek v. Spencer that it is not a scientific body and indeed is politically hostile to the scientific process.

The UK has rightly shut down such practices on minors in the wake of whistleblowers' ethics complaints about the abuse of those too young to give consent, and particularly in the wake of a complaint brought by a desisted young woman, Keira Bell, informing the UK high court about the horrific medical and psychological damage done to her by failed attempts to medically change her sex.

Scientific organizations like Cochrane and ARIF have for decades condemned the gender industry for its failure to provide scientific proof of its claims, or even a basic nonfalsifiable theory. Until the unlikely day that 100+ years of cruel experimentation provide a shred of that proof, the industry's injurious experimentation upon young people for profit must end.

Please vote in favor of NH HB68. Thank you.

Sincerely,

Katherin Kirkpatrick, CMT-R

Karen Karwocki

From: Matthew Krohn <makrohn@gmail.com>
Sent: Wednesday, February 17, 2021 7:19 PM
To: ~House Children and Family Law Committee
Subject: NH House Remote Testify: 1:15 pm - HB68 in House Children and Family Law

Dear members of the Committee,

My name is Matthew Krohn. I have been a New Hampshire resident for most of my life, as is my mother and her parents before her. As a parent, I feel it necessary to speak out on behalf of every parent and child who may have to work through such a potentially difficult process. My job is to support, trust, and love my child. This bill directly interferes with that relationship, by making it a criminal act to help your child receive gender-affirmative care. Forcing transgender children to live out their lives as the gender assigned to them at birth causes lasting harm, both physical and emotional. Access to gender-affirmative therapies greatly reduces the chances that these children will consider suicide. The American Academy of Pediatrics condemns bills like these, and these decisions should be made between a doctor and a patient, without government interference. The best way to help them is to ensure it continues to be legal to provide them medical care, and to trust them when they tell us who they really are.

This bill only serves to harm a group that is already at risk, and should not be passed.

Thank you,
Matthew Krohn

Karen Karwocki

From: Erin Brewer <brewerin@gmail.com>
Sent: Wednesday, February 17, 2021 7:13 PM
To: ~House Children and Family Law Committee
Subject: I support HB68

My name is Erin Brewer.

I am a former “trans” kid.

In first grade Ms. Hicken, my teacher at Howard R. Driggs Elementary School, asked the school psychologist to evaluate me. She could tell there was something terribly wrong.

In a meeting, the school psychologist told Ms. Hicken and my mother that I wanted to be a boy.

Rather than affirming that I was a boy, the school psychologist came up with some simple recommendations for my teacher and parents to help alleviate the hatred I had for my female body.

What my school psychologist didn’t know, because I was too filled with shame to tell her, was that between kindergarten and first grade my brother and I were abducted by two men and taken to a public restroom.

I was brutally sexually assaulted and my brother was not.

In my child’s mind, I thought that being a boy would prevent me from ever being hurt again the way those men hurt me.

Not my mother, not my school teacher, not my school psychologist knew that my trans identity was based upon my desire to keep my body from being sexually violated.

It took years of therapy before I understood the connection.

If I had been medically transitioned, I never would have understood that my hatred of my female body was the result of being violently violated.

I never would have realized that my transgender identity was a coping mechanism.

I am so thankful that my school psychologist put me on a healing path. I am grateful to other therapists who helped me understand that the self-hatred I had was a result of the sexual assault not because I was inherently flawed.

I shudder to think at what my life would be like if I’d been encouraged to believe that I was born in the wrong body.

I would have lived my life hating myself.

I would have taken puberty blockers and then cross-sex hormones that would rendered me sterile and caused my body to become dysfunctional.

I would have had my healthy breasts amputated as soon as I could find a surgeon to do it.

I can’t imagine how we can allow children to make life-altering decisions about their bodies, especially when the vast majority of trans children will not be trans adults if allowed to naturally progress through puberty.

Trans activists insist that using experimental medical interventions on children with gender dysphoria is appropriate.

It is not.

It is medical abuse.

I am not the only one who developed a transgender identity as a coping mechanism, I ask you to watch this video about factors which contribute children identifying as transgender and then I ask you to support HB 68 which would give children a chance to address their underlying issues rather than encourage them to believe that they are inherently flawed and should damage their healthy bodies as a result of their gender identity issues.

https://vimeo.com/490953579

Thank you for protecting children.

-Erin Brewer
269 West 100 South
Logan, Utah 84321

Karen Karwocki

From: Cindy <lmhope46@gmail.com>
Sent: Wednesday, February 17, 2021 4:30 PM
To: ~House Children and Family Law Committee
Subject: NH House Remote Testify -- Constituent STRONGLY OPPOSED to HB68

Members of House Child & Family Committee,
My opposition to this is enormous — it's clear to me that real knowledge of facts about transgender is not evident in HB68. ("Sex" and "gender" are NOT the same.)
Parents & their child, and doctors & counselors involved with helping the transgender minors are the people who truly know & use the facts.
"Gender-reassignment" is never approached early or casually. It definitely should not be legislated as abuse, … it shouldn't be legislated at all.
Sincerely,
Lucinda Hope

Karen Karwocki

From: Mom Tam <erbgardenmama@gmail.com>
Sent: Wednesday, February 17, 2021 3:48 PM
To: ~House Children and Family Law Committee
Subject: NH House Remote Testify: 1:15 pm - HB68 in House Children and Family Law

Dear State Representatives,

My name is Tammye Erb. I live in Pembroke. I am deeply concerned about the harm to transgender kids, their parents or guardians, and their physicians if you vote to pass HB68.

I know and love many trans kiddos and changing the definition of child abuse to include what this Bill proposes would be tragic.

Please vote No.

Thank you and kindest regards.

Very truly yours,

Tammye Erb
35 Whittemore Rd
Pembroke, NH 03275

Sent from Mail for Windows 10

Karen Karwocki

From: Penelope Eggleston <pegglestonlib@yahoo.com>
Sent: Wednesday, February 17, 2021 9:44 AM
To: ~House Children and Family Law Committee
Subject: HB68

I am totally opposed to HB68. The ramifications of this bill, if enacted, are cruel and will bring much suffering to young and old citizens and their family members. I know several of these families. They are all wonderful people whose young family members have feelings that are different. If you do enact this bill, I will fight to defeat every person who voted for this in the next election because it's just wrong. Times have changed. I'm sorry that many folks have not changed with the times but you have no right to judge others or cause them grave difficulty.

Thank you for reading my views. I hope you will oppose HB68. It is critical to many families that you do so.

Penny Eggleston
Amherst, NH

Karen Karwocki

From: Beth Barden <sweetjilln63@comcast.net>
Sent: Tuesday, February 16, 2021 10:12 PM
To: ~House Children and Family Law Committee
Subject: NH House Remote Testify: 1:15 pm - HB68 in House Children and Family Law

My child “identifies” as a transgender child. We would not subject to a child to be put on puberty blockers or HRT therapy, for that is a decision to be made as an adult. Waiting for my child to grow and make life altering decisions will make it a decision that they will “own” on their own terms. This has been going on for 5 years, my child has not committed suicide as is always a claim that is made.
Please don’t allow children to b put on cancer drugs, cross sex hormones & surgeries. This is a child safeguarding issue
Thank you!
Beth Barden

Sent from my iPad

Karen Karwocki

From: Clairedean04@protonmail.com
Sent: Tuesday, February 16, 2021 8:46 PM
To: ~House Children and Family Law Committee
Subject: I Oppose HB68

This is a good bill. Not supporting this is reckless. It is not a safe and effective way to treat gender dysphoria. Teens who are uncomfortable in puberty are groomed on-line to think that they are trans. This is a social contagion and many kids are getting sucked into it because they get a lot of positive attention from saying they are trans. If this wasn't so there would not be 17,000 young adults on one detrans site alone. The suicide rate is higher after transition after the realization of harming their healthy bodies or never going through puberty after taking puberty blockers.

This is a medical scandal and the only ones who benefit from transition are doctors, surgeons and big pharma. Watchful waiting had a 88% rate of desistance. No other condition is treated so poorly without studies. The only legitimate studies are against giving hormones to every kid who claims gender dysphoria.

Sent from ProtonMail Mobile

Karen Karwocki

From: Alan Bessler <arb71476@gmail.com>
Sent: Tuesday, February 16, 2021 7:58 PM
To: ~House Children and Family Law Committee
Subject: HB68

As a citizen of the state of New Hampshire I oppose HB68.

This would be a terrible thing to do, by passing this bill.

Alan Bessler
84 Porcupine Cir, Salem, NH 03079

Karen Karwocki

From: Adriane <ldybug73@aol.com>
Sent: Tuesday, February 16, 2021 7:54 PM
To: ~House Children and Family Law Committee
Subject: I Oppose HB68

Hello,
I am a New Hampshire resident, the parent of a transgender child, and I oppose HB68.

I watched my child go from anxious and depressed to calm and joyful once they began receiving gender affirming medical care. We worked with psychologists and medical specialists who proceeded with my child's care conservatively and did not rush into anything. Along with our family, there were multiple professionals involved in each step forward. No parent wishes for their child to be transgender and no child puts this upon themselves, but we must love and support our children!

Denying a transgender child gender affirming medical care will do more damage to them mentally than you can even comprehend. Please leave medical decisions to the medical professionals and scientists! Listen to the American Academy of Pediatrics!

Families like mine have more than enough to deal with, we don't need a threat of child abuse when we are trying to save our children. These poor kids have a lifetime of struggles ahead of them! I implore you to not add to that struggle!!

As you may know, 40% of transgender people attempt suicide, with 92% of those attempts occurring before age 25. Don't make my family be part of those statistics by pushing these ridiculous anti-trans bills!!

https://www.thetrevorproject.org/resources/preventing-suicide/facts-about-suicide/

Thank you,
Adriane

Karen Karwocki

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Thank you,
Adriane

Karen Karwocki

From: Dan Kusch <dan.kusch@gmail.com>
Sent: Monday, February 15, 2021 8:11 PM
To: ~House Children and Family Law Committee
Subject: Oppose HB 68

It is deeply painful to read the utterly brief few dozen words of HB68 and to know that these few words aim to strip children and parents of life-affirming medical care.

I am a NH resident and provide spiritual and grief support as part of a hospice team. In the past, I have served as a school counselor and in long-term mentoring roles with teens. At both ends of the life-span, I have witnessed first-hand the harm done to young-people when the truth of their gender identity and full humanity is denied - depression, mental distress, and fractured relationships. And I have witnessed the profound regret parents and families hold when they meet the end of life and recognize that denial of this humanity also denied them a lifetime of love and connection.

Let me say again... the medical care this bill would criminalize is *life-affirming*.
Young people affirming the fullness of who they are.
Parents affirming that they truly see and support their children.

My nephew went through two severe clinical depressions requiring hospitalization and extended treatment. And like anyone his story is complex, layered and nuanced. There is no singular cause of his depression. But one major part of his healing and recovery has been his readiness to openly affirm his gender identity, the experience of the support and love of his parents, and the opportunity to pursue surgical care to help his body align with who he really is. Depression nearly cost him his life. This care he has received is affirming his life. It is affirming that he is loved. It is affirming his family. And it is affirming in him a hope for a future of love and connection.

When I sit with people at the end-of-life, this is what they cherish most - love and connection.

I urge you to AGAIN discard once and for all this cruel, harmful, discriminatory bill.

Dan Kusch
1 Main Street
Center Sandwich, NH 03227
603-568-3191

Karen Karwocki

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To: ~House Children and Family Law Committee
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Dan Kusch
1 Main Street
Center Sandwich, NH 03227
603-568-3191

Karen Karwocki

From: H. Fluke <llfluke@msn.com>
Sent: Monday, February 15, 2021 5:24 PM
To: ~House Children and Family Law Committee
Subject: I Support HB68

Dear Members of the State Legislature,

About a year ago my 14 year old daughter said she feels like she is a boy. I told her we love her no matter what. But I became curious with why this seems to be happening to so many young girls and some boys. In the last year I have learned a great deal about the struggles our kids our facing and how cool transgender you-tubers are teaching our children to convince their parents to medicalize their beliefs of being an opposite sex causing permanent damage and life long medical care. And completely ignoring other underlying mental health issues.

Think back to when you were 14 or 15 and how impressionable you were and how different you are now.

I found a book that has helped me find support: Irreversible Damage: The Transgender Craze Seducing Our Daughters by Abigail Shrier

The model of informed consent and 100% affirmation is pushing our children into choices they may regret later and the damage is done.

Please do your research.
Podcast: Gender: A Wider Lens Therapists: Sasha Ayad & Stella O'Malley

Websites with information:

https://genderdysphoriasupportnetwork.com/

https://childparentrights.org/advocacy/?fbclid=IwAR19lQlG_whXtKwFqKI3FvjU5HSJYMWqg-bgN4Owu8taH7eg08sSTwKW7RQ

Thank you for considering my thoughts,
Lisa Fluke

Sent from my iPhone

Karen Karwocki

From: Diane DeLap <diane@delap.me>
Sent: Monday, February 15, 2021 1:18 PM
To: ~House Children and Family Law Committee
Subject: Please vote NO on HB 68!

Dear House Children & Family Law Committee,

I am writing to you in your capacity as a member of the House Children & Family Law committee to encourage you to vote no on HB 68 when it comes before the committee on Thursday, February 18th.

HB 68 would classify life-saving, gender-affirming care for transgender youth as child abuse. Medical decisions should be made between the patient, parents, and physician -- not the government or politicians. This bill would punish doctors and parents for providing life-saving medical care and it flies in the face of respecting the rights, needs, and well-being of transgender youth.

HB 68 manufactures a problem that does not exist at the expense of further stigmatizing youth who are already at elevated risk of bullying and harassment.

As a 78 year old transgender resident of New Hampshire, I find HB 68 offensive. I struggled with my gender identity for 60 years. I was married and raised a son and my wife and I decided when I was 60 that it was time for me to put the gender turmoil behind me and transition to live my life as my authentic self. My wife stayed with me through transition and I stayed with her through cancer treatments until she passed in 2019. If HB68 passes it would force other transgender persons to go through puberty and suffer the lifetime of turmoil that I did. Why would anyone want to punish children like that? Please allow parents and doctors to make the medical decisions they need to make for these children.

All eyes are on New Hampshire. Please stop this harmful and discriminatory bill from moving forward so that all New Hampshire transgender youth can live free and without fear of discrimination.

Sincerely,

Diane DeLap
2 Governor Square
Peterborough, NH, 03458-1531

Karen Karwocki

From: Jess Edwards
Sent: Sunday, February 14, 2021 12:33 PM
To: ~House Children and Family Law Committee
Subject: Testimony in Opposition to HB68 Definition of Child Abuse

Current NH laws allows minors to receive hormone and/or surgical sex change procedures and to have Medicaid pay for it if the family is eligible.

Stipulating that the sponsor has a valid point to make about such an enormous decision at such a tender age, I can't support criminalizing a medical procedure that is otherwise lawful, particularly in a situation where the state is prepared to pay for it as a covered service.

Best Regards,

Jess Edwards
NH State Representative (Auburn, Chester, Sandown)
Chairman, Division III DHHS/Veterans Home, Finance Committee (2020-present)
Department of Health and Human Services Oversight Committee (2021-present)
Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery (2021-present)

Joint Committee on Dedicated Funds (2021-present)

Joint Fiscal Committee of the General Court - Alternate (2020-present)
Long Range Capital Planning and Utilization Committee - Alternate (2021-present)

Chairman, NH General Court Veterans Interest Caucus (2019-present)

Rockingham County Long-Term Care Services Committee (2017-present)
Auburn Planning Board (2016-present)

2019-2020 Ways and Means Committee
2019-2020 Commander Legislative Squadron, NH Civil Air Patrol, Lieutenant Colonel
2019-2020 Mental health and social service business process alignment and information system interoperability study committee

2017-2018 Health, Human Services, & Elderly Affairs Committee
2017-2018 Mental health and social service business process alignment and information system interoperability study committee
2018 Telemedicine and health care reimbursement for telemedicine and telehealth study committee
2018 Group home rate parity study committee

(603) 370-7885
Jess.Edwards@leg.state.nh.us
www.linkedin.com/in/jessecedwardsjr/

Karen Karwocki

From: Amy Lordan <amyelordan@gmail.com>
Sent: Saturday, February 13, 2021 11:37 AM
To: ~House Children and Family Law Committee
Subject: I Oppose HB68

As a child of a transgender parent and as someone who works with transgender youth as a teen services librarian, I oppose HB68. This bill, if passed, would be damaging to children.

Regards,
Amy Lordan
8 Belknap Terrace
Hudson, NH 03051

Karen Karwocki

From: Elsa Worth <elsa@stjameskeene.com>
Sent: Thursday, February 4, 2021 3:45 PM
To: ~House Children and Family Law Committee
Cc: sparky.vonplinsky@gmail.com; Jay Kahn
Subject: I strongly oppose HB68

Dear Friends at the State House,

HB68 flies in the face of all the medical advice of every major medical guild and association in this country. When a child has gender dysphoria, the accepted treatment is hormone and surgical intervention. Those not treated are at a ridiculously high risk of suicide. We must allow doctors to treat dysphoria appropriately. Neither hormonal nor surgical treatment for transgender teens is child abuse. Withholding treatment from a child who is suffering is.

As a clergy person, as well as the parent of a transgender teen, I have personally experienced the suffering that can be caused by gender dysphoria in a teen. It is not a condition you can will away, nor is it something someone who has dysphoria can ignore. My own transgender daughter died of suicide at age 18 due to the weight of her dysphoria and the societal stigma of being transgender. It is *vitally* important for us to provide equity in health care for all our citizens, and HB 68 is in direct opposition to equality in health care, as well as basic human rights.

I know similar bills are being introduced in other states as a national tactic in an effort to roll back the legal rights that LGBTQ people have thus far attained. Please do not allow New Hampshire to be used in this way, and please do not support a bill that will lead to more needless deaths. I strongly urge you to reject this bill or table it permanently.

Most sincerely,

The Rev. Elsa Worth, Rector
St. James Episcopal Church
44 West Street
Keene, NH 03431
603-352-1019
cell: 203-984-2906
blog: www.stjameskeene.com/returningandrest/

Karen Karwocki

From: Bea Ross <bea.side.603@gmail.com>
Sent: Thursday, February 4, 2021 1:57 PM
To: ~House Children and Family Law Committee
Subject: Opposition to HB68

Good afternoon,

I strongly oppose HB68. This bill is incredibly disheartening. NO child, regardless of who they are, should be denied the right to medical treatment that will help them live authentically. It is not up to the government to define the identities of its citizens. Children can not vote, and therefore it is OUR responsibility to protect them, and provide them with the gender-affirming care they benefit from. To label such care as child abuse is disgusting. The transgender community is suffering PLENTY. Do not pass this bill and add to our suffering even more.

Sincerely,
Bea Ross
They/Them/Theirs

Karen Karwocki

From: Dayna Flumerfelt <daynaflumerfelt@gmail.com>
Sent: Thursday, February 4, 2021 12:07 PM
To: ~House Children and Family Law Committee
Subject: HB68 - not in my state you don't

HB68 is a misguided and harmful bill to transgender youth. It's so wrong that you shouldn't even be wasting time discussing it... these kids have enough challenges, they should be supported through medical treatment, and in no way is caring for a transgender child in this way abuse. SHUT IT DOWN, it's cruel and disgusting.

Dayna Flumerfelt
Monroe, NH

Karen Karwocki

From: Avery Sinclair <avrysinclair@gmail.com>
Sent: Wednesday, February 3, 2021 10:48 PM
To: ~House Children and Family Law Committee
Subject: HB68 hearing

To whom it may concern:
I was at the hearing for HB68 today and I was wondering if there is a recording or transcript of the hearing and if so is that something the public can access.
Regards,
Avery Sinclair

Karen Karwocki

From: Maris K. Toland <Maris.K.Toland@hitchcock.org>
Sent: Wednesday, February 3, 2021 4:31 PM
To: ~House Children and Family Law Committee
Subject: Opposition for HB68

Dear honorable committee members,

It is appalling and distressing to me that anyone would consider classifying gender-affirming care as child abuse. Gender affirming care, including for minors, is a legitimate and life-saving branch of medicine. Gone are the days when sexual orientation or gender identity were considered disorders – these practices caused significant psychological distress up to and including suicide. Patients with gender dysphoria are at high risk for substance use issues, depression, anxiety, PTSD, and suicide and as health care providers our job is to LISTEN, support, and provide care which includes validating where a patient is coming from and helping them.

Labeling parents who support their children through incongruous gender identity as child abusers is not factual and frankly an insult. It also undermines legitimate child abuse in our state. By passing this legislation, you would be wasting state money on prosecuting parents for doing what they think is best for their children. How will victims of child abuse feel if their state allocates limited resources that should be used to recognize and protect children from atrocities is instead wasted on caring and conscientious parents who are accessing health care resources to support their children? As a physician, this is shocking to see proposed, especially given the recounted experiences of many LGBTQ+ community members whose gender identity are not accepted by their families and who experience psychological trauma, physical trauma, loss of housing, etc. as a result.

Receiving nationally recognized treatment under the care of health professionals is not abuse. Access to health care should be a right for all. Gender-affirming care is and should always be a standard of health care, and “drug treatments or surgery in an attempt to alter the sex of a child” are not common nor lightly-taken actions. Furthermore, decisions to take medication or undergo surgery should be made by qualified health care professionals and families, not the State of New Hampshire. These personal and private health decisions are no one’s business but a patient’s and their family’s.

I cannot oppose this bill more strongly.

Respectfully,

Maris K. Toland, MD, PGY2
She/her/hers
Dartmouth-Hitchcock Medical Center
Department of Obstetrics and Gynecology
Maris.k.toland@hitchcock.org

Statement In Opposition to HB68: *relative to the definition of child abuse*.

Loreley Godfrey • 3 February 2021

My name is Loreley Godfrey. I am a 16-year old senior at the Virtual Learning Academy Charter School (VLACS). I am the Secretary of the New Hampshire Legislative Youth Advisory Council (NH LYAC), though I'm not representing them here today. I am here today to testify in opposition to HB68 because it would harm LGBTQ+ youth in our state.

Transgender youth often suffer from mental health problems associated with gender dysphoria and a lack of familial and societal acceptance, to the point where 40% of transgender individuals attempt suicide compared to 1.6% of the general population. (National Center for Transgender Equality 12) However, trans youths' depression and anxiety improve greatly with recognition and treatment of gender dysphoria. The Endocrine Society 15 This emphasizes the importance of gender-affirming medical transitions, which has been proven to drastically increase quality of life outcomes and overall happiness. A meta-analysis by Cornell University found that individuals who medically transitioned had reported increasingly positive effects on their mental health with no instance where it harmed their overall mental health. Nobili 18 found that transgender people already experience a lower quality of life than the general population; but that quality of life raises dramatically with gender-affirming treatment. Another analysis by Murad et al. 10 found that the overall quality of life was found to have increased significantly with hormone treatment or sex reassignment. It is undeniable that drug treatments and surgery are necessary towards improving transgender individuals' mental health. Restricting access to gender-affirming treatment to trans youth would worsen their quality of life and gender dysphoria, which has been proven to increase their likelihood to commit suicide.

What this bill would do would be just that: it would prevent trans youth from medically affirming their genders and subsequently harm them. The process for trans youth in New Hampshire to medically transition is currently already regulated to ensure they are protected. For both hormone treatment and surgery, letters from medical and mental health professionals are required along with a

one-year waiting period where youth must live as the gender they identify as before they can medically transition. This bill would be nestled within statutes regarding sexual abuse and genital mutilation. This falsely equivocates and misidentifies consensual medical transitions with non-consensual abuse.

It is clear that the purpose of this bill isn't to actually prevent child abuse when it excepts the one instance in which a situation would be considered abuse. It specifically states that in rare cares of ambiguous genitalia, or when a child is born intersex, that the option remains for them to be subjected to non-consensual drug treatments and surgery. However this one allowance within the bill text is actually the one example of child abuse that would still be permitted to continue if this bill passes. (Human Rights Watch 17, Savage 20)

This bill risks increasing the rates of suicide among trans youth by preventing the affirmation of their gender identities. If this bill is passed, the lives of New Hampshire trans youths are at risk. Don't let another transgender youth become a statistic under this bill. Opposing this bill could save lives, and for these reasons, I implore you to vote against HB68.

Karen Karwocki

From: K Snyder <kelleysnyder28@gmail.com>
Sent: Wednesday, February 3, 2021 1:14 PM
To: ~House Children and Family Law Committee
Subject: Fwd: HB68

---------- Forwarded message ---------
From: **Kelley Snyder** <kds33healthy@gmail.com>
Date: Wed, Feb 3, 2021 at 12:52 PM
Subject: HB68
To: K Snyder <kelleysnyder28@gmail.com>

Hello My name is Kelley, I am the PROUD parent of a Transgender teen. When our son first came out to us 4 years ago, we were actually quite stunned, we really had no idea what being transgender meant. It honestly was not at the top of my priorities of things to be educated on that is until it he had the courage to tell us why he was so depressed.

It was out of LOVE RESPECT & CONCERN for our child we felt a sudden parental responsibility to educate ourselves about what it meant for him to be transgender.

He was visibly depressed every day, scared to go to school, a brilliant student whose academic's plummeted due to his heightened anxiety.

As his mom, I was constantly worried every day he might harm himself or someone would hurt him for being "different".

Can you imagine as a parent what that is like to worry every day when your child leaves the house goes to an unwelcoming school and you are worried they might commit suicide if you don't figure out how to help them fast enough? You feel like the clock is ticking, Aside from all of that pressure then you have the of people who are uneducated on the topic chiming in with their accusations that you are being abusive. Now add in trying to find education visiting therapist doctors and researching what my child is going through so I can help him be able to live a full life. Then there was for us the added pressure of really not wanting to make these decisions with your child, hoping you can hold off until they're 18 because your worried about making such lifelong decisions BUT remember that pressure o iff you don't your child may not live because you see how visibly depressed he is all the time.

Aren't we morally obligated to prevent our children from harming themselves and aren't we supposed to unconditional love them and support them to live their best life?

I can tell you personally it's a heavy load NO PARENT wants for themselves or and especially NOT for their children. We were not given a choice, if the choice is life and death I'm choosing life for my child every single time.

My child 4 years later is thriving and doing very well, because I took the time to Listen, Respect, and Support him even when I didn't understand what he was going through. We are back to dealing with the normal things, like school, dating, and a job. All Because we educated ourselves and worked with many professionals to find a way to help him and in the process opened our own hearts and minds.

I not only oppose this bill but I would also encourage and advise people to educate themselves on this topic and what it means for the people who actually live this, by reaching out to parents and transgender kids, and there are many pediatricians, therapists, and clinicians you will find that this a journey of love and healing not by any means abuse!!!

Respectfully,

Kelley Snyder

kds33healthy@gmail.com

People of the committee,

I speak today in adamant opposition to HB68. As a supportive parent of a transgender child, I find this bill abhorrent.

Parents of transgender kids should be the very first line of support for their children. Should this bill pass, it would make it illegal to support our children in being who they are. Enforcing a worldview or expectation on our children that would serve to alienate them from themselves, forcing them to be as we would have them be, rather than who they are. That is the true abuse here.

The reality is 40% of trans people attempt suicide and a much higher percentage engage in suicidal ideation. In large part this is a direct result of non-supportive family members, friends, and society. To affirm your child in who they are is a product of love, not neglect or abuse. When children are affirmed and supported this rate drops significantly.

New Hampshire has come a long way in helping to secure equal rights for the transgender community and bills like this one only serve to harm, not help.

Not only is this bill abysmally wrong, but I am not willing to gamble with my child's life to satisfy and appease those who would do us harm, making it impossible to live free and without fear.

I humbly ask the committee to reject this bill so that we can focus on protecting children who are truly being abused.

Thanks

Karen Karwocki

From: Catharina Plomp <catharinaplomp@gmail.com>
Sent: Wednesday, February 3, 2021 12:54 PM
To: ~House Children and Family Law Committee
Subject: Oppositional Written Testimony to HB 68 - Written only, cannot attend hearing d/t work

I, Catharina Plomp, as a member of the public, strongly oppose HB68. I work in a specialty pharmacy – we dispense expensive and hazardous medications to patients with sometimes complex conditions, such as cystic fibrosis or hepatitis c. Some of the medications we dispense are hormone treatments for patients under 18 that are working with medical professionals to adjust their body's chemicals to better fit their gender identity. These are not children being abused – these are people who have had extensive psychological evaluations and who have been recommended for sex reassignment therapy/treatment by multiple mental health and medical professionals. Getting these medications and treatments is not a quick and easy process. It is time consuming and often expensive to organize, and there are many requirements that must be met - by the parents, the physicians, and the child - before any treatment regime that affects hormones or puberty can even begin. But even so, the importance of being able to start hormone therapy treatments or medications early in puberty cannot be understated.

This bill would essentially force children to wait until adulthood before they can seek out medical treatment; but treatment is more effective the sooner it's started, and forcing these people to wait only adversely affects their health, both mentally and physically. As a person with compassion for my fellow humans, I see no reason why anybody except the patient, their doctors, and their guardians should be involved in medical decision-making regarding their own body. The bill does not even attempt to reference any publications or studies to support its rationale. The state legislature of New Hampshire is not a licensed physician and has no authority to state that the sex reassignment treatment would be dangerous to a minor patient's health, because there is no compelling evidence that such a thing is true. On the contrary – studies, such as the study "Predicting Early Childhood Gender Transitions," a study spearheaded by Kristina Olson, a psychologist who teaches at Princeton university and directs The TransYouth Project, show that the more a child's gender identity differs from their assigned gender, the more likely that child is to continue to identify with their gender identity and to transition later in life. It also shows that all of the children in the study who did later transition as adults displayed feminine/masculine traits in almost the same way before and after transitioning – that is, a child who was assigned male at birth exhibited traits just as feminine while still growing and developing as a biological male as they did once they'd later transitioned hormonally.

I don't understand why Representative Testerman wants to criminalize parents and doctors whom are literally just providing necessary medical treatment to patients who happen to be under the age of 18. These patients are children, yes, but also people. People who know something about themselves that only they – not the state, nor Representative Testerman – can define or make decisions regarding treatment. The process for getting these treatments is already restrictive, often expensive, and time-consuming. We do not need to add criminalization of medical treatment to the list of challenges transgender people face in the medical community, especially not when there is no grounds for criminalizing the treatment in the first place. Finding a provider to provide care for a transgender patient is hard enough as it is, and criminalizing the physicians

providing this care would, in essence, prevent children from pursuing their healthcare needs due to lack of accessibility and legality. There is no compelling evidence that sex reassignment therapy and treatments adversely affect minor patients. However, there is undeniable evidence that transgender people have higher rates of depression and suicide than their cisgender counterparts. The overall scientific consensus is that transgender patients who receive treatment to aid them through their transition become less depressed and less suicidal; and with access to legitimate medical facilities, patients do not need to try to self-treat themselves, which is something that patients whom are desperate for treatment have done and will increasingly continue to do should this bill be passed. Patients that try to handle their hormone therapy on their own – either due to lack of access to or the high cost of treatment – do so at huge risk to their bodies and overall health, but they will continue to do so unless they can access legitimate care. Decreasing access to and making illegal these treatments would almost certainly increase the already astronomically high (when compared to the rates of their cisgender counterparts) rate of youth transgender suicide, and would prevent people from getting what treatment they need, leading to higher rates of depression and suicidal ideation. There is also substantial evidence that transgender patients who do have access to the resources needed to transition are happier and healthier, and with no apparent negative affect on their physical well-being.

I sincerely hope that all representatives who vote on this bill vote to oppose it. The negative effects it would have on the many children and families in the state that simply want to seek medical treatment cannot justify passing this. The bill itself is lacking in any substance other than the singular criminalization of a type of medical treatment, and does not give any indication as to what body decides what constitutes as "ambiguous genitalia" for the purposes of determining eligibility for treatment, or what provisions should be made in the case of a dispute between doctors and parents. There is no supporting clinical evidence given to justify the bill, nor any evaluations on the effect it would have within the state's medical industry, nor any information regarding how this would affect transgender youths in the state. The passage of this bill would be disastrous for transgender youth and their families, and many families will take their medical care out-of-state where they previously were receiving treatment in-state, and we may see an exodus of families with young, gender non-conforming children. Given that we already have an exodus of young people due to the obscene costs of education and living in the state, further alienating families that want to live here would be ill-advised. I hope you will all consider that these minors seeking treatment all do so because they already know they need it – and making them wait until they are 18, if they don't commit suicide before then, to even begin treatment is so harmful to their health and wellbeing. Waiting until adulthood also makes transitioning more difficult than it would have been had they been allowed to begin treatment prior to or during puberty. Please do not criminalize one of the few medical resources that transgender youths barely have access to already. Thank you.

Honorable Michelle A. St. John
29 Orchard Drive
Hollis, NH 03049

NH House of Representatives
House Child and Family Law Committee

February 3, 2021

Chairwomen Rice and members of the Committee:

Thank you for the opportunity to provide testimony today. I am here as parent, a NH resident, and a former state representative and I am voicing my **unequivocal opposition of HB68**.

I'm not sure how many members of the committee have close personal relationships with any transgender youth. I do. I don't know how many committee members know what it means to identify as transgender as it is one of, if not the most, misunderstood and discriminated population in the world today.

Imagine waking up every day and realizing you are living in a body that has nothing to do with how you think and who you are. There are children in NH, across our nation, and throughout the world who do every day.

Being transgender is not an intentional choice.

Children look to their parents, relatives, and other adults in their life for gender-affirming support. It is not child abuse for a parent to seek out and explore the gender-affirming medical standard care available for transgender youth. It's a process that includes many medical and mental health evaluations prior to the onset of care.

Denying your child the opportunity to hit the pause button prior to onset of adolescence—menses, and other bodily changes that occur in puberty can cause further distress, anxiety, depression, self-harm, even suicide.

The Human Rights Campaign, the Transgender Equality Foundation, the American Academy of Pediatrics and the Endocrine Society all provide excellent background on what is means to be transgender, provide familial support, and medical recommendations and guidelines for transgender children and gender affirming care.

If passed, this bill would essentially constitute parents as child abusers if they seek out the medical supports necessary for gender-affirmation care. Let that sink in for a moment. Loving parents supporting their child's well-being accused of child abuse.

We are all human beings. This type of legislation is discrimination. Please vote ITL on HB68.

Thank you.

Michelle St. John

Karen Karwocki

From: Garrett Walker <garrwalker94@gmail.com>
Sent: Wednesday, February 3, 2021 12:49 PM
To: ~House Children and Family Law Committee
Subject: Testimony in Opposition to HB68 by Garrett Walker

The United Nations website states that “Every child has the right to health, education and protection, and every society has a stake in expanding children’s opportunities in life.” The World Health Organization specifically lists being transgender as a factor which increases the likelihood of child abuse. The New Hampshire legislature cannot accuse the gender non-conforming community of abusing its youth, when it itself is a group striving for self-determination within a gender binary culture. As we grow into a more progressive society, we must also take a similarly progressive look not only at gender but at childrearing itself. As we do so, we must oppose legislation which would close opportunities for children to fully express themselves.

Illegalizing gender affirming care would override the sovereignty of some indigenous cultures and other ethnic groups maintain traditions such as Two-Spirit and others which contain multiple genders, or allow for fluidity between gender. The NH legislatures would be enacting chauvinistic and racist policy, on top of the obvious transphobia of this proposal. We cannot dictate gender over these minority groups.

In addition eroding cultural sovereignty, the proposed bill would also eliminate the individual agency of children and families. Children unable to fully express their gender will experience stress in school and social settings. The Trevor Project’s 2020 survey reports an astounding lack of support for transgender youth. They have higher rates of anxiety and depression as well as higher rates of suicide. In fact, The Trevor Project shows that attempts to pressure LGBT youth to change their gender increased the chance of suicide. This bill would be exactly that. It would cut off access to gender affirming care, forcing people into a societal position they wish not to be in. We cannot add further legislative hurdles for this community. The true abuse would stem from forcing the wide diversity of New Hampshire’s children into narrow boxes. If NH is worried about its youth, it should look toward housing, feeding and educating all of its children no matter how they choose to express their gender.

https://www.un.org/en/sections/issues-depth/children/

https://www.humanium.org/en/child-rights/

https://www.who.int/news-room/fact-sheets/detail/child-maltreatment

https://www.thetrevorproject.org/survey-2020/?section=Suicide-Mental-Health

https://www.thetrevorproject.org/survey-2020/?section=Suicide-Mental-Health

Karen Karwocki

From: Nancy Brennan <burningnan14@gmail.com>
Sent: Wednesday, February 3, 2021 12:44 PM
To: ~House Children and Family Law Committee
Subject: HB68

I am hoping to testify today, but as I have another meeting at 3:00 I realize the list may be long and I may not have a chance, so I want to share my thoughts with you.

My name is Nancy Brennan. I am a retired teacher, a 72 year old cisgender woman from Weare. I speak in opposition to this bill. I do not feel it is the legislature's place to interfere with the medical decisions of a child's parents and medical team. I know from my own research that scientists and doctors now realize that gender identity involves a complex combination of brain function, gene variants, hormone levels and myriad other factors. I know from my transgender and gender non-conforming friends that living as your authentic self makes a person happier and more stable. We all know that transgender youth have much higher rates of suicide and self-harm and that those who fare the best have a strong support system.

I met a number of transgender children, young adults, and their families when we were working to pass the gender non-discrimination bill a couple of years ago, courageous people who came forward to help us all understand what it means to be transgender. What the families all had in common was a commitment to see their children happy, confident, stable. The choices they made with their child's medical team were not made quickly, and certainly are not ours or the legislature's to second-guess.

I know a little about child abuse from some of the children who passed through my classroom and from some of the children who passed through my husband's courtroom. Working with a qualified team of physicians and mental health experts to do what is right for you child so that they can live a quality life is not child abuse. But teaching them that they are wrong about their gender, denying them much needed medical care, that sounds like abuse to me. One expert said that denying proper care to a transgender child is like denying care for asthma or cancer. These are decisions for parents and doctors, not legislatures.

Karen Karwocki

From: LeAnne Fifield <leannefifield@gmail.com>
Sent: Wednesday, February 3, 2021 12:42 PM
To: ~House Children and Family Law Committee
Subject: Bill HB68

Dear members of the House Children and Family Law Committee,

I write to you to oppose HB68. My reasons are as follows:

1. It violates state anti-discrimination law. Transgender people are protected from discrimination by state statute.

2. The state should not be interfering in decisions best left between the patient/parents and their doctor.

3. Gender affirming care is not child abuse. Just the opposite; without treatment transgender youth have a 50% risk of attempted suicide.

4. With treatment that suicide risk is dramatically reduced and these folks go on to lead happy, fulfilling lives.

5. Gender affirming care is already subject to strict international protocols put out by the World Professional Association for Transgender Health (WPATH) and Endocrine Society.

https://www.wpath.org/publications/soc

https://endocrinenews.endocrine.org/endocrine-society-issues-new-gender-affirmation-treatment-guideline/

6. Being transgender is not a choice or something forced onto a person; people are born transgender (gender identity-body mismatch). Being transgender is a physical birth condition with profound social consequences.

We should be supporting transgender youth, not stigmatizing them or denying them the medical care they desperately need.

Yours truly,

LeAnne Fifield

Karen Karwocki

From: Silver Bat <panopticeyes@gmail.com>
Sent: Wednesday, February 3, 2021 12:30 PM
To: ~House Children and Family Law Committee
Subject: Testimony against HB68

Ladies and Gentleman of the Committee of The New Hampshire House of Representatives,

I vehemtly oppose the Bill HB68. I am a parent of a transgender child. This Bill that has been introduced wants to make any treatment that would alleviate gender dsyphoria in a transgender or non-binary child, be illegal and counted as child abuse. This is ridiculous not only because it would violate the rights of EVERY single child that does not fit into the black and white gender binary that this society is pushing currently, but it would also incriminate parents who were just trying to be supportive of their children.

Title IX protects citizens not only on the basis of sex and gender but also gender identity. Title IX of the Educational Amendments of 1972: https://www.justice.gov/crt/title-ix-education-amendments-1972. In 2016, then President Obama made it clear that transgender people of all ages have rights under this legislation. In a statement made by the Department of Education it was brought forth that, "a school must not treat a transgender student differently from the way it treats other students of the same gender identity" and doing so without "requiring students to produce … identification documents in order to treat them consistent with their gender identity."

Hormone blockers, or hormone treatment is often the appropriate course for transgender pre-teens and teens. Hormone blockers in an of themselves, simply delay puberty, and are used for a variety of reasons besides gender identity, including precocious or early puberty, especially in girls, whose bodies are more easily affected by the pesticides in our environment and hormones in the food we eat. The rate of transgender suicides has been shown to be significantly higher than the rates for other youth. Transgender youth are 5 times as likely to have attempted suicide as compared to heterosexual cis gender peers .
Children know who they are and need to be supported

Marie Landrigan

Members of the committee,
My name is Anya Tang. I am a 17-year-old trans person who goes to school in New Hampshire. I oppose House Bill 68 because I believe that denying me the healthcare I need to feel safe and affirmed is abuse in and of itself. Under House Bill 68's proposed changes, I would not be able to get the surgery nor the hormone treatment I need for my mental and physical health.
When I was young, whenever I looked in the mirror I never ever saw a body or a face that I could call mine. I have been trans* for as long as I've been able to think and feel and move, and I can confirm - it's not a phase. And if it is, 17 years is an awfully-long phase. Before I even knew what word to call myself or what to call myself or what I was, I learned about transness through Leelah Alcorn.
Her name was Leelah Alcorn. She committed suicide on December 28, 2014, because she never received the gender-affirming care or support she needed. For months I followed eulogies, articles, comments calling her by the wrong name and the wrong pronoun.
The first trans youth I ever knew I knew through death.
Why is this? Joshua Safer, the executive director of the Center for Transgender Medicine and Surgery at New York's Mount Sinai Hospital finds that suicide attempt rates are as high as 40% among trans* people who don't receive medical treatment when they need it.
My identity as a trans person is and should be a basic human right. I should have the freedom to be myself. The rest of the nation is working to respect that: the Human Rights Campaign finds that in 2010, just 9% of companies offered healthcare benefits that covered gender-affirming surgeries and treatments. Now, that number is 83%. Medicare, the government program for the elderly and disabled, began offering gender-affirming surgeries in 2014. What we need isn't a step backwards with House Bill 68. We need to keep on moving forward, and that means opposing bills like these.

Gender-affirming care is healthcare, and House Bill 68 would make it illegal for me, as a minor, to receive the healthcare that affirms my identity. House Bill 68 would make it illegal for my peers in the trans* community to feel affirmed and to finally feel comfortable and safe in their own bodies. Why do you think 40% of trans* people that aren't able to receive medical treatment attempt suicide? When you deny us access to a basic human right, it tells me and the other trans* youth in our community that there is never room for us at the table or in your policy deliberations. When you deny trans* youth healthcare and push a bill that would call gender-affirming care abuse, you are telling our families that you are able to intervene in our personal lives and tell trans* youth like me what our bodies are feeling. This bill is a violation of my basic freedoms and my basic right to access healthcare that is important for my well-being as a trans* youth.

Representative Testerman has never felt the gender dysphoria, the distress caused by a trans* person's gender differing from their sex assigned by birth, that comes with not getting the healthcare you need as a trans* youth. He has never known how awful, how painful it feels when you don't feel at home in your own body. Representative Testerman does not know what I feel and he will never ever access the experiences I see and feel as a trans* youth. I am telling you, as a trans* youth, to oppose House Bill 68 because Representative Testerman's legislation is not informed by the experiences nor interests of trans* youth and families in mind.

Being able to transition as a trans* youth at home with the support of family that can act as caretakers is the best way to keep trans* youth healthy in a safe environment. It is not abuse, it is affirmation. A Yale University study found in 2020 that for trans folks that received gender-affirming surgery, suicide attempts dropped to zero up to three years after their surgery. A 2018 study published in *JAMA Pediatrics* corroborates that out of 68 trans* youth that received gender-affirming surgery, virtually none of them experienced any regret up to 5 years after their surgery. In fact, their dysphoria was significantly reduced as a result of the surgery. This type of healthcare works. And this type of healthcare is what me and many other trans* youth need to continue having access to. Maintaining the ability for trans* youth to receive gender-affirming surgery and treatment gives us the ability to transition with our families before we leave for college or for the workplace, both of which are unfamiliar environments that may separate trans* kids from our support systems that would help us transition.
Doctors, activists, academics, families, and trans* youth have all provided countless reasons to support maintaining access to gender-affirming surgery and treatment for trans* youth. You should join us and oppose House Bill 68.

Opposing House Bill 68 is an opportunity to signal your support for the trans* community in New Hampshire, and across the nation, because opposing this bill is a recognition that access to healthcare is a basic human right, and a recognition that families have the freedom to work with their trans* youth in deciding if gender-affirming care will help them. It is a recognition that access to healthcare for trans* youth is not abuse, but affirmation. Opposing this bill signals to families that they have the right to choose gender-affirming surgery and treatment for their trans* youth, and is a step forward that needs to happen. Trans* kids are just like any other kids - we hang out with our friends, we help out in our community, and sometimes, we testify before congress when there is an issue we especially believe in. Treat us just like any other kid, and vote to maintain our access to healthcare that we need access to as trans* youth. Thank you.

DL&G DOUGLAS, LEONARD & GARVEY, P.C.

A T T O R N E Y S

Charles G. Douglas, III*
C. Kevin Leonard
Carolyn S. Garvey
Benjamin T. King**
Megan E. Douglass
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Wednesday, February 3, 2021

VIA EMAIL: CFL@leg.state.nh.us
The New Hampshire House of Representatives
Children and Family Law Committee

RE: HB68 – An Act Relative to the Definition of Child Abuse

Dear Honorable Members of the Committee:

I submit this written testimony in opposition to HB68.

I oppose HB68 because it violates the constitutional rights of Granite Staters, including the constitutional rights of the very children that the bill seeks to protect. I further oppose HB68 as a proud "live free or die" citizen, because the bill runs contrary to our State's defining principles. Although HB68 was drafted with the intent of protecting children, the bill poses the type of evil contemplated by John Stark when he spoke the words that would later become our State's motto: "live free or die; death is not the worst of evils." I therefore oppose HB68, and I implore you to do the same.

I. HB68 infringes upon the constitutional right to privacy in decision-making protected by the New Hampshire Constitution.

First, as recognized by the New Hampshire Supreme Court, Articles 2 and 3 of Part I of our State Constitution protects an individual's right to bodily autonomy and privacy:

> We recognize that, under our State Constitution, "individuals have a constitutional right of privacy, arising from a high regard for human dignity and self-determination, and that this right may be asserted to prevent unwanted infringements of bodily integrity.

In re Caulk, 125 N.H. 226, 229–30 (1984) (emphasis added).

It is well established across a myriad of legal contexts that Granite Staters have a fundamental constitutional right to be free from government intrusion into decisions concerning

their body, family life, and other intimate, private areas of their personal life. See, e.g., Carey v. Town of Westmoreland, 120 N.H. 374, 376 (1980) (although "the plaintiff's lifestyle is unusual and is different from that of most people...the liberty that we so proudly proclaim as the cornerstone of our society at least requires that government not interfere with our lives so long as we do no injury to others"); *In re Fay G.,* 120 N.H. 153, 156 (1980) ("the family and the rights of parents over it are fundamental and inherent within the federal and our own State constitutions"); In re Caulk, 125 N.H. 226, 230 (1984) (in the prison context, inmates retain a constitutional right to privacy); *Opinion of the Justices,* 123 N.H. 554, 559, 465 A.2d 484, 488 (1983) (mentally ill persons have a fundamental constitutional right to be free from unjustifiable intrusion upon personal security).

HB68 intrudes upon a child's "constitutional right of privacy, arising from a high regard for human dignity and self-determination," to make decisions about their own body and medical care. In re Caulk, 125 N.H. at 229–30. By making the provision of gender-affirming medication and surgery fit within the statutory definition of "child abuse" under the Child Protection Act, HB68 virtually eliminates the availability of gender-affirming care. As such, HB68 constitutes an "unwanted infringement of bodily integrity" for every child seeking gender-affirming medication or surgery because it precludes those children from making decisions about their own body. Id.; see also In re R.A., 153 N.H. 82, 102–03 (2005) (citing United States v. Salerno, 481 U.S. 739, 745 (1987) ("for statute to be held unconstitutional on its face, 'challenger must establish that no set of circumstances exists under which the Act would be valid'").

II. HB68 infringes upon a parent's constitutional right to direct the care, custody, and control of their children, a right protected by the New Hampshire Constitution.

The New Hampshire Supreme Court has "consistently recognized that the right to raise and care for one's children is a fundamental liberty interest protected by the State Constitution." In re C.M., 163 N.H. 768, 773 (2012). More specifically, "a parent's desire for and right to the companionship, care, custody, and management of his or her children is an important interest that **undeniably warrants deference and, absent a powerful countervailing interest, protection**." In re C.M., 163 N.H. at 773 (emphasis added) (citing Lassiter v. Department of Social Services, 452 U.S. 18, 27 (1981)).

Whether a child should receive drug treatments, surgery, or other gender affirming care is a decision that should be made between parents and children in the privacy of their family life and with the advice of medical professionals. With regard to drug treatment, surgery, and other gender affirming care, a parent's decision about what is best for thier child is a constitutionally protected decision entitled to deference. Id.

III. HB68 serves no significant state interest which would justify the deprivation of the constitutionally protected rights at stake here.

It is true that "even though a right may be considered 'fundamental,'" the right is not "absolute" and "must be considered against important state interests in (its) regulation." Goodrow v. Perrin, 119 N.H. 483, 486 (1979). It is also true that the State "has an independent interest in the well-being of its youth." Id. Nevertheless, there is no minimum age requirement for children to receive constitutional protections; rather, the government must demonstrate a "significant" state interest in order to curtail the constitutional rights of children. Id.

No such interest exists here. Rather, the effect of HB68 is contrary to the purpose of the Child Protection Act identified in the statute: "the **best interest of the child** shall be the primary consideration of the court in all proceedings under this chapter." NH RSA 169-C:2, I (emphasis added). Transgender and nonbinary children (children who do not identify with the sex they are assigned at birth) suffer an array of additional struggles that their cisgender peers (children who identify with the sex assigned at birth) do not face.

The increased challenges suffered by transgender and nonbinary children are scary and alarming. For example, transgender and nonbinary children experience higher rates of mental health challenges, with anxiety and depression experienced at nearly 10 times the rate of their cisgender peers.[1] Additionally, 54% of transgender and non-binary youth reported seriously considering suicide in the last year, and 29% made a suicide attempt.[2]

Particularly significant to consideration of HB68 are studies demonstrating that the mental health disparities experienced by transgender and nonbinary children have a direct correlation to the chronic discrimination that they experience.[3] Where the Child Protection Act is designed to protect children, we should not alter the Act such that it discriminates against a segment of New Hampshire children in a way that exacerbates the mental health struggles that those children are already facing.

As an advocate for the constitutional rights of New Hampshire citizens, and to protect the physical and mental well-being of New Hampshire children, I implore you to oppose HB68.

Thank you for your attention to my testimony. Please feel free to contact me with any questions regarding the foregoing.

Sincerely,

Samantha Heuring

Samantha J. Heuring, Esq.

cc: Chairman Kimberly Rice; Vice Chairman Debra DeSimone; Clerk Caroletta Alicea Secretary Karen Karwocki; Committee Member Josh Yokela; Committee Member John Lewicke; Committee Member Cody Belanger; Committee Member Kenna Cross; Committee Member Melissa Litchfield; Committee Member Denise Smith; Committee Member Patrick Long; Committee Member Gaby Grossman; Committee Member Cassandra Levesque; Committee Member Safiya Wazir; Committee Member Peter Petrigno; Committee Member Debra Altschhiller

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[1] T.A. Becerra-Culqui, et al., *Mental Health of Transgender and Gender Nonconforming Youth Compared With Their Peers*, American Academy of Pediatrics Journal, *141*(5), e20173845 (2018) (available at https://pediatrics.aappublications.org/content/141/5/e20173845) (last accessed Feb. 3, 2021).

[2] The Trevor Project, *National Survey on LGBTQ Mental Health* (2019) (available at https://www.thetrevorproject.org/survey-2020/) (last accessed Feb. 3, 2021).

[3] See Hatzenbuehler M.L., *How does sexual minority stigma "get under the skin"? A psychological mediation framework*, Psychological Bulletin*, 135*(5),707–730 (2009); see also Testa R.J., et al., *Suicidal ideation in transgender people: Gender minority stress and interpersonal theory factors,* Journal of Abnormal Psychology*,126*(1), 125–13 (2017).

Karen Karwocki

From: Esther Shartar-Howe <eshartarhowe@gmail.com>
Sent: Wednesday, February 3, 2021 11:09 AM
To: ~House Children and Family Law Committee
Subject: I am opposed to HB68

Hello,

As a New Hampshire educator, mother, and citizen I am deeply opposed to this legislation and the harmful effects it would have on our children! Do not criminalize best practice medical care. This would put doctors, children and families at serios risk.

Thank you,

Esther

Karen Karwocki

From: Suzanne Johnson <beehappynh@gmail.com>
Sent: Wednesday, February 3, 2021 10:11 AM
To: ~House Children and Family Law Committee
Subject: HB68

Dear members of the House children and Family Law Committee,
I am writing to oppose HB 68. My reasons are as follows:
1. It violates the state anti-discrimination law. Transgender people are protected from discrimination by state statute.
2. The state should not be interfering in decisions best left between the patient, their parents and their doctors.
3. Gender affirming care is the opposite of child abuse. Without treatment transgender youth have a 50% risk of attempted suicide. With treatment that suicide risk is dramatically reduced and those children go on to lead happy, healthy, fulfilling lives.
4. Gender affirming care is already subject to strict international protocols put out by the World Professional Association for Transgender Health (WPATH) and the Endocrine Society.
https://www.wpath.org/publications/soc
https://academic.oup.com/jcem/article/99/12/4379/2833862?searchresult=1
%.
5. Being transgender is not a choice or something forced on a person. People are born transgender. Being transgender is a physical birth condition with profound social consequences.

We should be supporting transgender youth, not stigmitizing them or denying them the medical care they need.

Thank you for your time,
Suzanne Johnson
Bedford, NH

TECHNET
THE VOICE OF THE
INNOVATION ECONOMY

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One Beacon Street, Suite 16300, Boston, MA 021081
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February 3, 2021

The Honorable Representative Kimberly Rice, Chair
House Committee on Children and Family Law
LOB Room 206
New Hampshire General Court
107 North Main Street
Concord, NH 03301

Re: TechNet Opposition to HB 68

Dear Chair Rice,

TechNet is the national, bipartisan network of technology CEOs and senior executives that promotes the growth of the innovation economy by advocating a targeted policy agenda at the federal and 50-state level. Our diverse membership includes dynamic American businesses ranging from startups to the most iconic companies on the planet and represents over three million employees and countless customers in the fields of information technology, e-commerce, the sharing and gig economies, advanced energy, cybersecurity, venture capital, and finance.

I write to express TechNet's opposition to HB 68, discriminatory legislation that has no place in the Granite State. TechNet feels strongly that any legislation which explicitly or implicitly targets LGBTQ+ people is unacceptable and presents a real economic liability for the state of New Hampshire.

We know this Legislature works diligently to build and safeguard New Hampshire's status as one of the country's most business-friendly states, and investments in workforce development and promotion of its startup culture are already paying dividends in attracting new business and talent. TechNet and our member companies believe that anti-LGBTQ legislation will have the exact opposite effect. Our workers and their families need to feel welcome in the state in which they operate and discriminatory legislation like HB 68 negatively impacts the ability to attract and retain top talent and discourages local investment.

It should go without saying that all children deserve access to the medical care that they need. HB 68 would restrict transgender children's access to best practice medical care that is backed by virtually all leading medical authorities. This is an extreme political attack on both the rights of individuals to seek appropriate medical care for

themselves and their children and on the autonomy of medical professionals to adhere to clinically proven standards of care.

TechNet and our members will continue to oppose all exclusionary legislation that would damage New Hampshire's reputation and make it more difficult to invest and create job opportunities in the innovation economy. HB 68 is not right for New Hampshire's citizens, its business community, or its bottom line.

Thank you for your consideration of this testimony. Please do not hesitate to contact me if I can provide any additional information.

Sincerely,

Christopher Gilrein
Executive Director, Massachusetts and the Northeast
TechNet
cgilrein@technet.org

Karen Karwocki

From: Matt Mooshian <mooshian.m@gmail.com>
Sent: Wednesday, February 3, 2021 9:58 AM
To: ~House Children and Family Law Committee
Subject: HB68 Hearing

Hello,

I am writing because I registered in opposition to speak against HB68 today. Since registering I'm feeling under the weather, so I will not be able to speak at today's hearing. While I am unable to speak today, I strongly urge the committee to vote inexpedient to legislate on this harmful and discriminatory piece of legislation.

Thank you,
Matt Mooshian

Matt Mooshian *(he, him, his)*
(603) 454 - 8413 | mooshian.m@gmail.com
@MattMooshian
➜ For Rural Outright, contact me at RO@tlcfamilyrc.org
➜ Interested in scheduling an appointment? My calendar can be found online here.

AMA
AMERICAN MEDICAL ASSOCIATION

JAMES L. MADARA, MD
EXECUTIVE VICE PRESIDENT, CEO

ama-assn.org
t (312) 464-5000

February 2, 2021

The Honorable Kimberly Rice
Chairwoman, Children and Family Law Committee
New Hampshire House of Representatives
107 North Main Street, LOB Room 206
Concord, NH 03301

Re: AMA Opposition to H.B. 68

Dear Chairwoman Rice:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I am writing to express our opposition to House Bill (H.B.) 68—legislation that would prohibit the provision of medically necessary gender transition-related care to minor patients by deeming such care child abuse. We believe this legislation represents legislative intrusion into the practice of medicine and will be detrimental to the health of transgender children in New Hampshire.

Empirical evidence has demonstrated that trans and non-binary gender identities are normal variations of human identity and expression. Standards of care and accepted medically necessary services that affirm gender or treat gender dysphoria may include mental health counseling, non-medical social transition, gender-affirming hormone therapy, and/or gender-affirming surgeries. Clinical guidelines established by professional medical organizations for the care of minors promote supportive interventions based on the current evidence and that enable young people to explore and live the gender that they choose. Every major medical association in the United States recognizes the medical necessity of transition-related care for improving the physical and mental health of transgender people.

H.B. 68 would force physicians to disregard their oaths to act in the best interest of their patients and insert the government into clinical decision-making. Such decisions belong within the sanctity of the patient-physician relationship. As with all medical interventions, physicians are guided by their ethical duty to act in the best interest of their patients and must tailor recommendations about specific interventions and the timing of those interventions to each patient's unique circumstances. Such decisions must be sensitive to the child's clinical situation, nurture the child's short and long-term development and balance the need to preserve the child's opportunity to make important life choices autonomously in the future. We believe it would be inappropriate and harmful for the state of New Hampshire to legislatively dictate that certain transition-related services are never appropriate and limit the range of options physicians and families may consider when making decisions for pediatric patients.

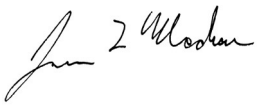
In addition, evidence has demonstrated that forgoing gender-affirming care can have tragic consequences. Transgender individuals are up to three times more likely than the general population to report or be diagnosed with mental health disorders, with as many as 41.5 percent reporting at least one diagnosis of a mental health or substance use disorder.[1] The increased prevalence of these mental health conditions is widely thought to be a consequence of minority stress, the chronic stress from coping with societal stigma, and discrimination because of one's gender identity and expression. Because of this stress, transgender minors also face a significantly heightened risk of suicide.

Transgender children, like all children, have the best chance to thrive when they are supported and can obtain the health care they need. Studies suggest that improved body satisfaction and self-esteem following the receipt of gender-affirming care is protective against poorer mental health and supports healthy relationships with parents and peers.[2] Studies also demonstrate dramatic reductions in suicide attempts, as well as decreased rates of depression and anxiety.[3] Other studies show that a majority of patients report improved mental health and function after receipt of gender-affirming care. Medically supervised care can also reduce rates of harmful self-prescribed hormones, use of construction-grade silicone injections, and other interventions that have potential to cause adverse events.[4]

It is imperative that transgender minors be given the opportunity to explore their gender identity under the safe and supportive care of a physician. Passage of H.B. 68 would forestall that opportunity. This is a dangerous intrusion into the practice of medicine and we strongly urge the members of the Children and Family Law Committee to reject H.B. 68.

We thank you for the opportunity to express our views on this important issue. If you need further information, please contact Annalia Michelman, JD, Senior Legislative Attorney, AMA Advocacy Resource Center at annalia.michelman@ama-assn.org.

Sincerely,



James L. Madara, MD

cc: New Hampshire Medical Society

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[1] Sari Reisner, et al., *Psychiatric Diagnoses and Comorbidities in a Diverse, Multicity Cohort of Young Transgender Women: Baseline Findings from Project LifeSkills*, 170 J. Am. Med. Ass'n Pediatrics 5, 481–86 (May 2016).
[2] Ashli Owen-Smith, et al., *Association Between Gender Confirmation Treatments and Perceived Gender Congruence, Body Image Satisfaction, and Mental Health in a Cohort of Transgender Individuals*, 15 J Sexual Med 4, 591-600 (Apr. 2018); Michelle Marie Johns, et al., *Protective Factors Among Transgender and Gender Variant Youth: A Systematic Review by Socioecological Level*, 39 J Primary Prevention 3, 263-301 (Jun. 2018).
[3] M. Hassan Murad, et al., *Hormonal Therapy and Sex Reassignment: A Systematic Review and Meta-Analysis of Quality of Life and Psychosocial Outcomes*, 72 Clinical Endocrinology 2, 214-331 (Feb. 2010); Yolanda Smith, et al., *Sex Reassignment: Outcomes and Predictors of Treatment for Adult and Adolescent Transsexuals*, 35 Psychological Med. 1, 89-99 (Jan. 2005).
[4] Jessica Xavier, Admin. HIV and AIDS, D.C. Gov't, The Washington Transgender Needs Assessment Survey (2000); Wendy Bostwick & Gretchen Kenagy, *Health and Social Service Needs of Transgendered People in Chicago*, 8 Int'l J Transgenderism 2-3, 57-66 (Oct. 2008); Cathy Reback, et al., Los Angeles Transgender Health Study: Community Report (2001).

Dear Members of the House Committee on Children and Family Law:

The New Hampshire Pediatric Society, the state chapter of the American Academy of Pediatrics, which represents the 242 pediatricians in New Hampshire, urges you to oppose House Bill 68, which would cause incredible harm to the health of transgender youth in New Hampshire.

Additionally, this bill would harm the large number of New Hampshire pediatricians, family doctors, and other primary care providers who collaborate with New Hampshire endocrinologists and psychologists to provide comprehensive, team-based care for transgender youth. This bill would criminalize us simply for following best medical practices to provide appropriate care.

1.8% of youth identify as transgender, and a further 1.6% are questioning or gender diverse.[1] This is not an easy path for many children and teenagers. Around half consider suicide, and a third attempt it. We know that if youth are provided with appropriate gender affirming care, the risk of suicide falls dramatically, and transgender people have every opportunity to live their lives in good health.[2]

Medical care for transgender youth is evidence-based and has proven effectiveness. Guidelines for appropriate treatment have been carefully developed and endorsed by the American Academy of Pediatrics[3], the American College of Obstetrics and Gynecology[4], the Pediatric Endocrine Society[5], the American College of Physicians[6], World Professional Association for Transgender Health[7], and the American Psychological Association.[8] Medicaid and major insurance companies in New Hampshire cover gender affirming care and our state prohibits private health insurance discrimination based on gender identity and sexual orientation.

These medical guidelines provide for the evaluation of children with gender diversity or gender dysphoria. Some of these patients identify as transgender. **Before puberty, there is no medical or surgical treatment that is used at all; guidelines emphasize supporting children as they express themselves.** Treatment for these children can include letting them select clothing they prefer, getting a new haircut, or using a different name. This is called "socially transitioning", and this alone has been shown to decrease suicide rates.[9]

Children with gender dysphoria undergo detailed, repeated psychological and medical evaluation, with the participation and consent of their parents. Only after the onset of puberty is medical treatment ever used, and only in some patients. Treatment with medications to temporarily suppress puberty is reversible and allows the patient time, with the ongoing medical supervision of their doctor, to explore their gender identity before committing to a treatment path. These puberty suppressing medications are commonly used for other conditions as well, such as early puberty in children and prostate conditions in men, and their safety is well-established. Later, teenagers can elect to receive hormonal therapy if it is indicated, generally after the age of 16 and after living in their authentic gender for some time. Fewer than one quarter of transgender patients ever have surgical procedures, and these are generally recommended after age 18.

This bill would make prescribing any of these medications and care, with parental consent, a crime. This will cause immediate and irreversible harm for patients currently under treatment in New Hampshire. Being unable to access evidence-based gender affirming care will increase the risk of suicide for transgender youth. Lives are at stake here.

As pediatricians, we fail to see how it is the duty of the New Hampshire legislature to interfere in our ability to provide the best possible care to our patients, in accordance with well-recognized evidence-based national guidelines. Providing patient care that helps rather than harms is our duty according to the oaths we took as doctors. We do not appreciate the New Hampshire legislature putting us in conflict between the law and the needs of our patients.

This bill is an extreme rejection of thoughtful and effective evidence-based medical treatment for a vulnerable group of children. It would create barriers that would cause New Hampshire families irreversible harm, and ultimately cost lives. We urge you to reconsider this intrusion into our exam rooms, and this attack on the well-being of New Hampshire youth.

Sincerely,

Erik Shessler, MD, FAAP
President, New Hampshire Pediatric Society

[1] Johns M, Lowry R, Andrzejewski J, et al. Transgender identity and experiences of violence victimization, substance use, suicide risk, and sexual risk behaviors among high school students–19 states and large urban school districts, 2017. MMWR Morb Mortal Wkly Rep. 2019:68(3):67-71

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Turban JL, King D, Carswell JM, Keuroghlian AS. Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation. *Pediatrics.* Feb 2020;145(2)doi:10.1542/peds.2019-1725

[2] Achille C, Taggart T, Eaton NR, et al. Longitudinal impact of gender-affirming endocrine intervention on the mental health and well-being of transgender youths: preliminary results. *Int J Pediatr Endocrinol*. 2020;2020:8. doi:10.1186/s13633-020-00078-2

[3] Rafferty J. Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents. Committee on Psychosocial Aspects of Child and Family Health, Committee on Adolescence and Section on Gay, Lesbian, Bisexual and Transgender Health and Wellness. *Pediatrics.* Oct 2018, 142 (4) e20182162; DOI: https://doi.org/10.1542/peds.2018-2162

[4] Care for Transgender Adolescents. Committee on Adolescent Health Care, American College of Obstetricians and Gynecologists. Committee opinion, January 2017 number 685 (Reaffirmed 2020). https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/01/care-for-transgender-adolescents

[5] Hembree W, Cohen-Kettenis P, Gooren L, Hannema S, Meyer W, Murad M, Rosenthal S, Safer J, Tangpricha V, T'Sjoen T. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. *The Journal of Clinical Endocrinology & Metabolism*, Volume 102, Issue 11, 1 November 2017, Pages 3869–3903, https://doi.org/10.1210/jc.2017-01658

[6] Safer J, Tangpricha V. Care of the Transgender Patient. *Annals of Internal Medicine*. July 2, 2019. https://doi.org/10.7326/AITC201907020

[7] Standards of Care for the Health of Transsexual, Transgender and Gender Nonconforming People. The World Professional Association for Transgender Health. 2011. https://www.wpath.org/publications/soc, Accessed January 9 2021.

[8] Guidelines for Psychological Practice with Transgender and Gender Nonconforming People. American Psychological Association. *American Psychologist,* December 2015. Vol. 70, No. 9, 832–864 http://dx.doi.org/10.1037/a0039906

New Hampshire Psychiatric Society

7 N. State St., Concord, NH 03301

Patrick Ho, MD, MPH
President

Catrina Watson
Executive Director

To: NH House Committee on Children and Family Law

From: Patrick Ho, MD, MPH, President, New Hampshire Psychiatric Society

Re: HB 68 - Relative to the definition of child abuse

Date: February 3, 2021

My name is Patrick Ho, president of the New Hampshire Psychiatric Society. The New Hampshire Psychiatric Society is our state's branch of the American Psychiatric Association. We represent the 327 licensed psychiatrists in New Hampshire. My testimony is on behalf of the New Hampshire Psychiatric Society.

I am strongly opposed to this bill because as a psychiatrist on the frontlines, I am responsible for the care of patients who have grown up without gender-affirming services. Children who identify as transgender face many daily struggles as they navigate a society that is not built to affirm their gender. This daily lack of understanding puts transgender children at risk of mental health disorders and suicide, but the medical system should be a place where transgender children can receive care that is not only understanding and evidence-based, but also gender affirming.

House Bill 68 would cause immense harm and suffering for the transgender children of our state and would contribute directly to their risk for mental health disorders and suicide. It would not only interfere with the medical care of these children, but would also make the provision of evidence-based and gender affirming medical treatment illegal. As a medical professional specializing in mental health care, I must emphasize the importance of not allowing statutes to pass that would limit the ability of physicians to provide the best and most evidence-based care for transgender children. It is the position of the New Hampshire Psychiatric Society that this bill would be detrimental to the practice of medicine and the care of transgender children, and I urge you to vote no.

Thank you,
Patrick Ho, MD, MPH
President, New Hampshire Psychiatric Society

Karen Karwocki

From: nugirl1026@myfairpoint.net
Sent: Wednesday, February 3, 2021 9:06 AM
To: ~House Children and Family Law Committee
Subject: HB68

Dear members of the House Children and Family Law Committee,

I write to you to oppose HB68. My reasons are as follows:

1. It violates state anti-discrimination law. Transgender people are protected from discrimination by state statute.

2. The state should not be interfering in decisions best left between the patient/parents and their doctor.

3. Gender affirming care is not child abuse. Just the opposite; without treatment transgender youth have a 50% risk of attempted suicide.

4. With treatment that suicide risk is dramatically reduced and these folks go on to lead happy, fulfilling lives.

5. Gender affirming care is already subject to strict international protocols put out by the World Professional Association for Transgender Health (WPATH) and Endocrine Society.

https://www.wpath.org/publications/soc

https://endocrinenews.endocrine.org/endocrine-society-issues-new-gender-affirmation-treatment-guideline/

6. Being transgender is not a choice or something forced onto a person; people are born transgender (gender identity-body mismatch). Being transgender is a physical birth condition with profound social consequences.

We should be supporting transgender youth, not stigmatizing them or denying them the medical care they desperately need.

Yours truly,

Karen Karwocki

From: Thompson, Tye <Tye.Thompson@unh.edu>
Sent: Wednesday, February 3, 2021 9:00 AM
To: ~House Children and Family Law Committee
Subject: HB68

Good Morning,

I am writing because I understand that you are addressing HB68 today.
This proposed legislation is upsetting and not within NH laws that protect non-discrimination in healthcare.
Gender affirming care for individuals regardless of age has clear AMA and WPATH guidelines that protect and guide healthcare. Healthcare for minors is between the child, the parents, and the child's doctor. This legislation is harmful to the health of transgender youth and to families.

I am strongly in opposition.

Respectfully,

Tye Thompson
They / Them / Theirs
(Personal identity, lived values, and self-expression are tightly tied to authentic connection and well-being.
My name is Tye and I use they/them pronouns. What pronouns do you use?)

Karen Karwocki

From: Mary Lee Sargent <marylee832@comcast.net>
Sent: Wednesday, February 3, 2021 7:40 AM
To: ~House Children and Family Law Committee
Subject: Opposition to HB 68

To the House Committee on Children and Family Law,

I am writing to oppose HB68, a cruel, punitive, and backward piece of legislation. To define a parent's decision to support their transgender child's need for gender reassignment therapies as child abuse is an abuse of state power and abusive to the child as well. Also, it is not in agreement with current pediatric guidelines for treating transgender children or current psychological research. Parent's who allow and are supportive of their transgender child's need for reassignment have, in most cases, thoroughly researched these therapies, consulted medical and psychological experts, and determined what is best for their child. The state has no way of assessing each child and their physical and psychological condition. The state is a crude and blunt instrument and should not interfere in this complex and personal decision.

Mary Lee Sargent
10 Stack Drive
Bow, NH 033304

Karen Karwocki

From: marcia garber <mag1022rn@comcast.net>
Sent: Wednesday, February 3, 2021 5:59 AM
To: ~House Children and Family Law Committee
Subject: hb68

Dear Committee Members,

and now, @ 4am, awake, in tears, enraged, with the heaviest heart. Here again, facing this LSR which abuses children, parents and health care professionals.

Two sentences. Denying a child with gender dysphoria treatment. Denying their reality, existence and defining them as abused and their parents and health care professionals as abusers.

I would suggest, the initiators and sponsor of this LSR are the abusers.

I am CJ's mom. CJ lived to be 20 years old. CJ happened to be transgender. CJ is an awesome human who taught me, his Dad and sister what unconditional love is all about. He also taught his school mates and HS/ college staff about who he is. He shared his reality, was vulnerable and suffered great abuse from some.

You see, CJ still lives with me here today.

Please "kill" this bill once and for all .

Let the children live.

Thank you.

Marcia Garber
5 Hills End Way
Manchester NH 03104
603-218-3611

Karen Karwocki

From: Madeleine Young <madeleine.rgr.young@gmail.com>
Sent: Wednesday, February 3, 2021 1:39 AM
To: ~House Children and Family Law Committee
Subject: I oppose HB68

Hello,

I am writing to express my strong opposition to HB68. Affirming a child's gender with safe and proven medical intervention is NOT abuse. Transgender children are at higher risk for self-harm and suicide, in the transgender community, the attempted suicide rate is over 40%. Gender affirming medical treatment is the best prevention. Preventing transgender children from transition doesn't prevent them from being transgender, it only forces them to go through puberty that will permanently alter their body in ways that are distressing. Preventing transgender children from accessing treatment means that undoing the changes to their body from the wrong puberty requires more extensive medical procedures. These procedures are also safe, but are more expensive and require more time to recover, meaning that treating gender dysphoria is inaccessible to many transgender people. Classifying treatment recommended by medical professionals as abuse will irreparably harm transgender children in New Hampshire. Without treatment, many will attempt to end their own life, and many will succeed.

Also, by including an exception for the barbaric practice of performing surgery on intersex infants before they are able to consent, strictly to enforce a gender binary, shows that this bill has never been about protecting children. Why would performing surgery on an infant who cannot consent be ok, but recommended and safe treatment for transgender children who desperately want relief from gender dysphoria and are able to consent is abuse? This bill is strictly motivated by transphobia.

To illustrate the damage that this bill would do, imagine you are a teenager who has existed as their gender for years, took puberty blockers, maybe has started taking hormones to go through a puberty that aligns with your gender identity. Your classmates might not even know that you're transgender. Now imagine this treatment is taken from you. After you no longer have access to puberty blockers or hormones, you start to go through the wrong puberty. You start experiencing gender dysphoria. Your classmates and friends can see that your body is changing. This will open you up to bullying and you will no longer be safe among your peers. Transphobic teachers start treating you differently. Your performance in school plummets, you fail classes because of the distress caused by gender dysphoria and the unwanted changes to your body. Your doctor wants to continue prescribing you your safe and effective treatment to relieve your distress, but doing so would make them a child abuser. Some of the changes to your body are permanent. You're young, so you know it will be years until you turn 18 and are able to access lifesaving medical intervention again, and during this time your body will continue to change. You see no way out of this situation because the treatment you needed was taken from you despite being safe, recommended, and closely monitored by your doctor. You see no way out. Now imagine this same distress felt by every transgender child in New Hampshire. This is the harm this bill will do.

Opposing HB68 will save lives.

Madeleine Young
03216

Karen Karwocki

From: James Terry <james@blanksheet.com>
Sent: Tuesday, February 2, 2021 11:23 PM
To: ~House Children and Family Law Committee
Subject: Opposition to HB68

I am a resident of Somersworth NJ and I am emailing you to express my strong opposition to HB68.

This proposed change is a violation of the rights of children and parents!

Thank you for your time and consideration in this matter.

--
James Terry
Pronouns: he, him, his
603-676-7199 (m)
jdt@jamesdterry.com

Karen Karwocki

From: Jennifer Jones <JennJones123@hotmail.com>
Sent: Tuesday, February 2, 2021 11:13 PM
To: ~House Children and Family Law Committee
Subject: HB68

To the members of the NH House Committee on Children and Family Law,

My name is Dr. Jennifer Jones. I am a resident of Brentwood and work as a general pediatrician in Epping NH. I am writing to you today to respectfully express my strong opposition to House Bill 68.

This bill seeks to "add sexual reassignment to the definition of an abused child in RSA 169-C, the child protection act." As a physician who cares for multiple children and young adults with gender dysphoria, I am deeply opposed to the suggestion that medical treatment of children and teens with gender dysphoria should be classified as child abuse. The treatment of patients under age 18 who experience gender dysphoria is complex and is carefully individualized for each patient. The care of these patients is coordinated by medical experts, and generally involves multidisciplinary teams, including psychologists.

Decisions about medical care for youth with gender dysphoria should be made by the patient, their family, and their medical doctors. These are not decisions that are made quickly, carelessly, or lightly, especially when the type of treatment selected is irreversible in nature. Rather than labeling this type of medical care as child abuse, we should offer support and compassion to these families. Youth with gender dysphoria do best when they are supported and accepted, whether or not they choose to undergo drug therapy or surgery. To imply that supportive parents are abusing these children and teens is simply incorrect and unacceptable. This bill would make it more difficult for youth with gender dysphoria to receive appropriate care, and these patients will suffer definite harm as a result.

Thank you for your time,
Dr. Jennifer Jones

Karen Karwocki

From: Meghan Harford <maharfordmsw@gmail.com>
Sent: Tuesday, February 2, 2021 10:20 PM
To: ~House Children and Family Law Committee
Subject: Please Oppose HB68

Dear Representative Members of the Child and Family Law Committee,

I am a Licensed Independent Clinical Social Worker in private practice working in Rochester, NH. I have worked as a clinical mental health therapist for 23.5 years in the State of New Hampshire and in Southern Maine treating children and adolescents in both community mental health and private practice settings. I am writing to ask that you oppose HB 68. A law that would make is so that any parent who allows/support their child in drug treatments or surgery to alter the sex of the child assigned at birth would be guilty of child abuse would be a horrible mistake and a misuse of state power to promote and protect the welfare of children.

Thinking that parents helping children and adolescents or those with gender dysphoria achieve their desired gender through surgery or drug treatments or surgery is child abuse can must derive from a belief that gender dysphoria or transgenderism is a choice that can be corrected or a sin that can be repented of. It is not. MRI and functional MRI studies 1-5 (mainly preformed in European countries) have shown that brain structures, brain activation patterns, and functional brain characteristics of gender dysphoric adolescents more closely match those of the gender they desire than those of the gender they were assigned at birth. These studies suggest that gender dysphoria and transgenderism results from a mismatch between the body's gender development and the brain's gender development. Gender Dysphoric adolescents' desire to transition to the opposite gender is simply a desire to be congruent in their body and brain's gender expression.

I have treated a number of number of transgender adolescents and young adults over the years, mainly for depression, although some for anxiety and posttraumatic stress disorder as well. Without exception, these young people have better mental health outcomes, if their parents are supportive of their transgender status and their transitioning to their desired gender rather than opposing it. Their support is beneficial to the adolescents' mental health and well-being – the very opposite of "child abuse." My experience in working with young people with gender dysphoria is that is they are not able to openly express their transgenderism (i.e. if they must remain fully or mostly closeted) they are more likely to become suicidal, to generally self-injure, to self-mutilate (in ways that diminish their assigned sex organs and sex characteristics) and to develop eating disorders (again in a way to diminish their assigned sex characteristics) . It is my experience, that many gender dysphoric youth if they are not supported in their transition to their desired gender, become deeply depressed and my develop self-abusive behaviors. The danger is not that parents are committing child abuse by helping their children end the distress of the body/brain gender mismatch, but that the youth will commit self-abuse or suicide if they cannot escape the torment of feeling trapped in a body that does not match the gender of their brain. Punishing parents for supporting their children who desperately need help and all to rarely receive it, is unbelievable cruel and misguided and is a misuse of the state's power.

1.A.-M. Bao, D.F. Swaab, "Sexual differentiation of the human brain: Relation to gender identity, sexual orientation and neuropsychiatric disorders," *Front Neuroendocrin*, 32:214-26, 2011.

2.J.-N. Zhou et al., "A sex difference in the human brain and its relation to transsexuality," *Nature*, 378:68-70, 1995.

3.F.P. Kruijver, "Male-to-female transsexuals have female neuron numbers in a limbic nucleus," *J Clin Endocrinol Metab*, 85:2034-41, 2000.

4.A. Garcia-Falgueras, D. Swaab, "A sex difference in the hypothalamic uncinate nucleus: relationship to gender identity," *Brain*, 131:3132-46, 2008.

5.S.M. Burke et al., "Male-typical visuospatial functioning in gynephilic girls with gender dysphoria—organizational and activational effects of testosterone," *J Psychiatry Neurosci*, 41:395-404, 2016.

Respectfully Submitted,

Meghan A. Harford, LICSW
Psychotherapist
Lilac City Counseling,
163 Rochester Hill Road
Rochester, NH 03867
603-743-4004 X4
maharfordmsw@gmail.com

Karen Karwocki

From: Juan Puchalski <juan.puchalski@gmail.com>
Sent: Tuesday, February 2, 2021 8:54 PM
To: ~House Children and Family Law Committee
Subject: HB68 - Statement in opposition of the bill

Thank you for providing me the opportunity to testify with regards to this bill. My name is Juan Puchalski, a New Hampshire resident and relative of a transgender girl. I oppose the passage of this bill.

I believe in the fundamental right of freedom for every person to live their lives and express their identity without fear of retribution due to the moral views of others being imposed by law.

I do not believe that passage of this law is based on evidence-based medical or social research. Access to gender-affirming care has a positive correlation with the mental health of transgender youth, and lowers their risk of suicide (Bauer et al., 2015).

Decisions about whether to seek gender-affirming care, and what specific services to utilize, must be made between a provider, patient, and the patient's parents or guardians. Such decisions are relative to the youth's individual clinical situation.

Gender affirming care typically includes steps toward social transition, potentially treatments to temporarily postpone puberty, and in some instances, hormone replacement therapy (Coleman et al., 2012).

Medical and psychosocial care designed to affirm individuals' gender identities has been demonstrated to mitigate many of the negative effects of gender dysphoria, or the distress that frequently accompanies a discrepancy between one's assigned gender at birth and one's gender identity. (Kimberly et al., 2018)

It is unfortunate that in New Hampshire, where our state motto is "Live Free or Die", this House Bill would restrict the freedom of youth and their families to seek gender-affirming care.

Rather than allow flexibility to account for the varying needs of individuals, this bill adopts a "one size fits all" approach by categorically criminalizing the recommendation or provision of appropriate gender-affirming care.

For these reasons and many others, I am asking you to oppose HB 68.

Please feel free to contact me if you have any questions.

Regards,

Juan Puchalski

Karen Karwocki

From: Rebecca Nann <rebecca.nann@yahoo.com>
Sent: Tuesday, February 2, 2021 6:47 PM
To: ~House Children and Family Law Committee
Subject: HB68

Dear House Children & Family Law Committee,

I am the Director of Advocacy for the New Hampshire chapter of PFLAG (which is the first and largest organization for LGBTQ people and their allies). PFLAG is committed to creating a world where diversity is celebrated and all people are respected, valued, and affirmed. I sit on the Board of Directors for one of NH's legal aid organizations, and have worked in the community as a volunteer and advocate on multiple issues including homelessness, poverty, disability, education, racial justice, and LGBTQ rights—LGBTQ youth in particular. My advocacy for LGBTQ youth has largely been fueled by the love and respect I have for my transgender non-binary teenager who uses they/them pronouns. They are now in high school but came out as gay in third grade, and later came out as transgender in sixth grade.

For several years my advocacy has primarily revolved around addressing transphobia within our public school system. Today my focus is to address a transphobic bill that has made it to your committee, HB68. Undoubtedly, you have learned about the science of sex and gender, and the statistics stating that 40% of NH's transgender children will attempt suicide if this bill passes . The writers of this bill would have you believe that affirming medical care is child abuse when all valid authorities on this matter, medical doctors and psychologists, would say to deny a transgender person the medical interventions they require is child abuse. They would also tell you that there are established protocols for delivering such services to minors.

While participating on speaker panels and doing advocacy work I have witnessed the stories told by numerous transgender individuals. Both minors and adults detailing the trauma of transphobia and the healing powers of their own transition. I have watched my own child traverse the emotional distress born of others efforts to deny or downplay their true identity. I have supported my child through it, and watched them overcome. As an advocate and as a parent, I can tell you that this bill will not only tear families apart, it will be devastating to countless children.

I implore you to vote *against* HB68.

Thank you,
Rebecca Nann
She/Her

https://pediatrics.aappublications.org/content/142/4/e20182162

https://www.nbcnews.com/feature/nbc-out/40-percent-lgbtq-youth-seriously-considered-suicide-past-year-survey-n1233832

https://www.hrc.org/news/new-study-reveals-shocking-rates-of-attempted-suicide-among-trans-adolescen

James Marshall, Derry NH
HB68
Oppose

House Children and Family Law Committee
Testimony Feb. 03, 2021

Hello,
My name is James Marshall and I live in Derry. As a parent of a trans child I am here to add my voice as being against HB68.

First I want to thank the members for listening and I hope that you will take my testimony to heart.

Science has started to study this issue and has begun to realize that this is not a social issue but a biological one.(Medical College of Georgia at Augusta University) (The European Network for the Investigation of Gender Incongruence).

I would like to give you my family's experience. About 4 or 5 years ago my youngest was extremely depressed. He would sit in his darkened room and only come out to eat or, like most kids, reluctantly do his chores. He was seeing a therapist, but nothing seemed to make a real difference. He was just so sad and sullen. My wife and I sat down with him many times to see what we could do to help, but nothing seemed to work. Finally, our son got the courage to come to us and tell us that he felt like a boy and wanted to be treated as one. It was as if a huge weight had been lifted off his shoulders, but I could see he was unsure how we would react. My wife and I both told him that if that is truly how he felt, then we would help him; and that we loved him no matter what. That was the first time, in many months or maybe years, I had truly seen him smile and be happy. The day after he had told us we could see a marked difference in his mood. He was much “lighter”. He willingly came out of his room and sat and talked with us - on his own. Shortly after that, my family researched and found a counseling center which had the ability to handle this kind of case. The change in his disposition was quite amazing and only got better as he started seeing therapists to help him.

As time went by our son indicated that he wanted to undergo hormone treatment. At first we opposed this, as he was 15, and felt it was a rash decision; however, we asked him to find us research and we would look into it further. He came back with a few studies and articles which we looked at. All of the research we looked at indicated that this was something that we should continue to explore. The (Psychiatry Advisor) article has a good explanation with lots of references to other sources. We sat down as a family and discussed this and decided that it was worth pursuing. We reached out to a specialist, about a year ago, and we began therapy, including psychologists, psychiatrists and other specialists. They went through a process to ensure that what my son was going through was in fact “gender-incongruence” and not something else. About 6 months ago he began hormone treatments. For the **first time in a long time** he actually has multiple friends in and out of school. He enjoys going out with them or just having them come over to play games. Unfortunately with the current pandemic this is mostly

virtual now, but the change in his mood and willingness to socially interact has been phenomenal.

I can sit here as a proud parent today knowing for certain that I have made the correct decision regarding my child. I have a happy kid who looks at the world like I did when I was his age. He looks towards the future and at what he wants to do, not concerned about how people will react to him or treat him. I can also tell you that I have very little doubt, had he not told us and had we not supported him, I would be dealing with a kid who is depressed, self-harms or even has suicidal ideations.

In conclusion, I am against this bill. I can tell you from first hand experience this bill will do far more harm than good. It is extremely incongruous that in the “Live Free or Die” State, the Government is telling kids and parents that the Government knows better how to deal with their child. If this bill passes then NH can no longer call itself that. It should be up to parents to investigate and determine what is best for their kids, not the Government!

Thank you for your time and I sincerely hope you vote against this bill.

James Marshall

February 2nd, 2021

Dear Sirs and Madams,

As a gay woman in todays world the issues of the transgender community are not something that are new or foreign to me. I have always educated myself and been in support of an individual's rights to feel not only comfortable in their own body, but to reflect that to the world that we ALL live in.

Now, as a woman, who is also a mother I come to you on this bill with an entirely new perspective. I am the mother of a 4-year-old, assigned at birth, male son. We have currently been thrust into this world of gender identity through my child's eyes as he has started to share with us his desire to be a girl. As I write this to you, tears fill my eyes. You see, I do not want this for my child. I do not want this not because I do not want another daughter, or the trouble, or the medical therapy, or mental therapy. I do not want this for my child because of bills like these, because of the views of society that even entertain these bills. I do not want to watch my child struggle to be accepted, to get the care they may need, or to be as equal as his siblings. I do not want to watch the pain as my child walks this path. My son is 4, I do not know for sure if this is his truth, only he can determine that in time. We are working with professionals to navigate this path. It is not MY decision as a parent who my child is or becomes, and it is most certainly not YOURS.

It is not for a bill, or people who sit behind the desks signing those bills, to not only deny my child their rights to their own body, but also to threaten a mother, a parent, a guardian who is only trying to ensure their child's happiness. To threaten the possibility of child abuse in such a case is not only wrong, but completely out of bounds. You DO NOT get to decide what happens with our children. This is a conversation, a decision, and a process for both their families and their medical and mental health professionals. It is not taken lightly.

A quick google search would show you that it is estimated that over 50% of transgender males and 30% of transgender females have attempted suicide. That is simply not acceptable. We have the technology and the medical and mental health teams to support these kids. Do not make this even harder or more terrifying by passing such a bill that would threaten to tear families apart for kids being true to who they are. My son is the most caring and loving little boy and I can guarantee that if he knew his mom would face charges like these, he would bottle up who he was and hide it from the world. If my son's gender identity put him in a place, while underage, at risk for committing suicide instead of being able to be heard and receive the medical help and guidance he needed because MY hands are tied with a bill like this one today. What would you expect of a mother like me? To sit by and watch my child suffer or for me to trust the opinions of a medical team and the voice of my child and then to do anything in my power to help MY child. You are threatening my child with this bill. That cannot happen, my little boy or girl deserves to be happy, deserves to be who he or she is, deserves to share the kindness and incredible intelligence they have with the world, he or she deserves to be here!

Please think of my child, and what you would be asking of me and my family when you consider your vote on this bill.

Sincerely,

Nicole Wilcox, NH resident and Mother to AJ

Proposed testimony by Adam Miles to the New Hampshire Legislature, regard HB68.

Distinguished members of this committee, thank you for giving me the opportunity to speak against HB68 today.

I come to you today as the father of a son who is Trans. A little over fourteen years ago, my family welcomed our second child into the world. This child, then known as Sophie, carried my greatest hopes and dreams for happiness, good health, and a positive imprint on the world.

Not long ago, “Sophie” announced to our family that he wanted to be known as Justin, having come to understand his truth that he felt like a boy and needed to live life as a boy. This was not a decision that he came to lightly, but rather a realization of his true self that could not be ignored.

This came as a surprise, but perhaps not one as dramatic as you might expect. You see, this changed perhaps the colors of the dreams I had for my child, but not their basic design. All I want for my children is to live their lives with honesty and dignity, and in so doing, achieve the happiness and fulfillment they deserve.

Since that time, my family has done everything possible to ensure that Justin achieves that fulfillment and lives within his true self to the utmost. We have sought out the best psychological and physiological practitioners who specialize in working with Trans youth to provide care for Justin. We

have worked with his school to ensure that his identity is respected, which they have done, to our great appreciation.

My love for my son is boundless, and his happiness and wellness are the paramount concerns of my life. It is appalling and repugnant that anyone would dare consider that love and concern to be abusive. I am fully cognizant that he will encounter bigotry and hatred at times in his life, simply because of who he is. I will not, however, allow that sort of malignant ugliness to go unchallenged, as long as I am able.

I could not be more strongly against HB68. It is both a blunt, craven effort to score political points by appealing to ignorance and intolerance, as well as a cruel attack on the Trans community and those who support them. I implore every member of this body to strike down HB68.

Thank you for your time.

Karen Karwocki

From: Avery Sinclair <avrysinclair@gmail.com>
Sent: Tuesday, February 2, 2021 3:05 PM
To: ~House Children and Family Law Committee
Subject: HB68 testimony of Avery Sinclair

Testimony of Avery Sinclair speaking in opposition of HB68 on February 3rd, 2021

My name is Avery Sinclair. I am a 16 year old junior at Portsmouth High School, and I am here today speaking in opposition of HB68.

To pass this bill would be to classify gender confirming medical care as child abuse, preventing thousands of trans youth from accessing life saving medical treatment.

I am speaking from a place of lived experience. I and many other trans people suffer from gender dysphoria, the feeling of discomfort or distress that may occur in people whos gender identity differs from their sex-assigned at birth or sex-related physical characteristics. This condition has a demonstrable negative effect on the ability of trans people to function in society, and medical transition has been proven to significantly improve the quality of life of those who live with it.

Transgender youth across the country and in New Hampshire are already facing **harassment, discrimination, violence, and rejection**. Reducing access to healthcare would compound these issues and make our lives even harder. Suicide rates are far higher among individuals who have experienced high levels of discrimination. This leads to over **40%** of trans people **attempting suicide** at some point in their life compared to 1.6% of the general population. Rejection from family is shown to lead to over **25%** of trans people reporting **misusing drugs or alcohol**, further illustrating the harm of not affirming trans identities.

By contrast, there is an overwhelming positive correlation between affirming trans identities and improved mental health, along with general well being. **Strong parental support** **decreases** the likelihood of a **suicide attempt** within the past year from **57% to just 4%**. A study looking at every step of transition found, "Interventions to increase **social inclusion** and **access to medical transition**, and to **reduce transphobia**, have the potential to **contribute to substantial reductions** in the extremely high prevalences of **suicide ideation** and attempts within trans populations." **Of 56 studies, 52** indicated transitioning has a **positive effect** on the mental health of transgender people. **ZERO** studies indicated gender transitioning has **negative results.** A study looking specifically at the mental health outcomes of trans youth affter puberty suppression, hormones, and sex reassignment found that after gender reassignment, the gender dysphoria was alleviated and psychological functioning had steadily improved. Wellbeing **was similar to or better than same-age young adults from the general population.** These results have been further confirmed by additional studies.

A common argument against trans kids accessing medical transition is this idea that we'll grow out of it or that we're too young to know. While there are studies showing that this is the case the methodology is **30 years out of date**, and were found to use **coercive behavior modification.** Later described as "**disturbing**" and "**harmful,"** these studies had no basis in reality, especially considering 90% of children looked at never met the criteria for gender dysphoria in the first place. The largest study of trans kids to date found that **96%** of all patients assessed continued to identify as transgender into late adolescence, and **no patient** who had pursued medical intervention sought to transistion back to their birth sex. The rate of detransition for trans people as a whole is **less than 0.1%**. And the majority of de-transitioners cite social pressure as the reason, and plan to transition again later in life.

Additionally, HB68 is written as an extension of legislation that criminalizes sexual abuse and female genital mutilation. To equate these abhorrent acts with transition related care demonizes trangender people and trivializes the trauma that survivors of actual abuse have gone through.

The reality is that transition related care is necessary for many trans people, even as minors. To access this care, whether it is hormone treatment or surgical intervention, individuals under the age of 18 must live as the gender they identify as for at least a full year, and obtain letters from a mental health professional and a physician stating that medical transition is in their best interest. There are already more than enough safeguards in place to prevent harm, as evidenced by the positive outcomes and extremely low rates of regret.

In regards to protecting LGBTQ+ children I want to take this time to point out HB68 specifically excludes surgery on intersex children from it's deffinition of abuse. Non-consensual reassignment surgery on intersex children is an actual problem as these surgeries often occur when they are not medically necessary, and later in life the intersex people subjected to these surgeries wish they had been allowed to determine what was best for their bodies. Passing legislation so that these procedures must be put off until the intersex youth is old enough to decide for themselves would be a much better use of your time and an effective way to protect the well being of New Hampshire's children.

When you vote on HB68 I want you to realize what it will mean for the thousands of transgender youths that live in New Hampshire. I want you to remember me, and ask yourself if you're okay with blocking my access to healthcare. I want you to recognize the lived experiences of the people who will be most affected by this bill, and vote against it.

Karen Karwocki

From: Kerry Kokkinogenis <kdbergman@yahoo.com>
Sent: Tuesday, February 2, 2021 1:49 PM
To: ~House Children and Family Law Committee
Subject: HB68 -- a deadly proposition

Greetings,

As the mother of a transgender child, who has read all of the reputable literature, all of the studies, and all of the research on the topic that I can get my hands on, I come to you to ask you to reject this proposition. To criminalize supporting youth as their authentic selves would *directly* and *knowingly* lead to deaths. I mean this literally. It is well documented that trans youth are several times more likely to suffer depression and to commit suicide than their peers, *and that this is directly related to how they are rejected.* This bill, criminalizing best psychological practices for trans youth, is itself child abuse, and is clearly unconstitutionally discriminatory. It needs to be struck down before it causes further harm.

Sincerely,
Kerry Kokkinogenis
617-276-6299

Karen Karwocki

From: Matthew Young <skippyzoom@gmail.com>
Sent: Tuesday, February 2, 2021 1:21 PM
To: ~House Children and Family Law Committee
Subject: Opposition to HB 68
Attachments: hecox_v_little_-_adkins_declaration.pdf

Dear Committee Members,

I am writing to voice my opposition to HB68 - Relative to the definition of child abuse.

Children who have been assigned a specific gender at birth based on the appearance of their genitalia, and whose gender subsequently evolves in discord with that assignment, deserve the right to align their bodies with their true gender through safe medical procedures. Denying a person safe medical treatment for a condition that will likely cause them extreme discomfort and anguish throughout their life is inhumane. Furthermore, allowing doctors to perform surgery on an unwitting infant simply because the doctor does not believe the infant's genitalia appear sufficiently "male" or "female" is barbaric.

Gender and sexuality are distinct characteristics - this reality is codified in the concept of "gender dysphoria" as described in the American Psychiatric Association's Diagnostic & Statistical Manual of Mental Disorders (DSM-V). Untreated gender dysphoria can lead to suicide. I encourage you to read the attached testimony by a well qualified medical professional, filed in a separate case. In particular, I would like to point out paragraph 22, which notes that attempted suicide rates in the transgender community are over 40% and that the only treatment includes following appropriate gender-affirming treatment protocols; and paragraph 25, which states that the American Academy of Pediatrics agrees that gender-affirming case is safe, effective, and medically necessary.

I strongly believe that this bill will cause irreparable harm to New Hampshire youth, and thereby to our state as a whole.

Thank you for your time.

Matt Young
Andover, NH
603.978.4148

Karen Karwocki

From: Matteo Moller <matteomoller@gmail.com>
Sent: Tuesday, February 2, 2021 1:01 PM
To: ~House Children and Family Law Committee
Subject: HB 68

Good afternoon,

I am writing in regards to HB68 which seeks to define gender affirming treatment to minors as child abuse. I strongly oppose this bill as I am a parent of a transgender child who resides in New Hampshire. This bill would not only violate the already existing protections for transgender citizens but also conflates transgender and intersex issues. Intersex surgeries before the child is of consenting age are a completely different issue than adolescent medical interventions to affirm gender identity. HB 68 would do nothing to eliminate actual child abuse but would further marginalize the transgender community who already suffer from high rates of discrimination, stigma, and higher self-harm rates. This bill is based off the false narrative that gender is binary and ignores the rich history and current reality of transgender people in all cultures around the world. All people are at their best when they are able to express their true self and society is better for it. New Hampshire would do well to vote down HB 68 and uphold trans peoples freedom.

Thank you for your time,

Matteo Moller

Karen Karwocki

From: Lucinda Hope <lmhope46@gmail.com>
Sent: Tuesday, February 2, 2021 11:46 AM
To: HCS
Subject: constituent strongly opposition to HB68

To members of the Children & Family Law Committee,

This bill is dangerous for transgender children.
It threatens the child's welfare by *threatening those who need to help them through childhood & adolescence.*

If passed, HB68 would make their already *tremendously difficult emotional & social challenges unbearable* — many do considered suicide.

These children need support at home & at school, and also by knowledgable medical providers.

All responsible adults in this state should consider what's best for **all** our children's health & welfare, not just the cis-children. You must not criminalize the care transgender children need.

Lucinda Hope (Tilton)

ACLU New Hampshire

Statement by Jeanne Hruska, Political Director ACLU-NH
House Children and Family Law Committee
House Bill 68
February 3, 2021

I submit this testimony on behalf of the American Civil Liberties Union of New Hampshire (ACLU)—a non-partisan, non-profit organization working to protect civil liberties throughout New Hampshire for over 50 year. **I appreciate the opportunity to testify today *in opposition to* HB68, which would discriminate against transgender minors by denying them life-saving medical care, and against their parents and guardians by infringing upon their ability to protect the health and well-being of their children.**

The NH Legislature has ITL'd this bill twice already in the past three years. Most recently, the NH House voted to ITL the 2019 equivalent of this bill (HB163) with an overwhelmingly bipartisan vote of 309-59. The House also ITL'd the earlier 2018 version (HB1341) by voice vote. The NH Legislature has made clear that this bill is wrong for New Hampshire.

A transgender person is someone whose sex as designated at birth is different from who they know they are on the inside. So, for example, a transgender girl is a girl who was designated a boy at birth but is a girl. Many transgender people require medical care to bring their body, the expression of their gender, and/or their biochemistry into alignment with who they really are. Gender transition-related care, including the provision of gender-affirming hormone therapy, puberty-suppressing hormone therapy, and gender-affirming surgical care, is neither cosmetic nor elective. This care is recognized by the medical and scientific communities as medically necessary for the treatment of gender dysphoria, including for minors.[1]

Recent studies have confirmed that young people with supportive families and access to health care have significantly improved mental health outcomes as compared with young people who do not have care and support.[2] **By potentially disrupting the ability of parents and guardians to support transgender children in their care, this bill could result in disastrous mental health outcomes for vulnerable New Hampshire youth.**

Gender dysphoria is a real and serious medical condition experienced by many transgender people, including minors.[3] The condition is marked by clinically significant distress that stems from the misalignment of a person's gender identity (one's internalized sense of being a particular sex-i.e., male or female) and the person's assigned birth sex. Without treatment, this

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[1] *See* notes 5 and 6, below.
[2] See, e.g., Olson KR, Durwood L, DeMeules M, et al. Mental Health of Transgender Children Who Are Supported in Their Identities. Pediatrics. 2016;137(3):e20153223.
[3] *See* American Psychiatric Association, *Diagnostic and statistical manual of mental disorders*, 5th ed., (American Psychiatric Publishing, 2013); American Medical Association House of Delegates (hereinafter "AMA"), "Removing Financial Barriers to Care for Transgender Patients" (2008), available at http://www.tgender.net/taw/ama_resolutions.pdf; and The World Health Organization's International Statistical Classification of Diseases and Related Health Problems, version 10 (ICD-10) includes "gender identity disorder," *available at* http://apps.who.int/classifications/icd10/browse/2010/en#/F64.

misalignment and the distress associated with it predictably lead to serious medical and mental health consequences, including clinical depression, loss of self-esteem, and in some cases, self-harm including genital self-surgery and suicide.[4]

The American Medical Association (AMA) has concluded that **medical research demonstrates the necessity and effectiveness of gender affirming care, including hormone therapy and surgery, to treat many individuals diagnosed with gender dysphoria.** Although there are a variety of treatment options for gender dysphoria, for many individuals, hormone therapy and/or surgical treatment are medically necessary.[5]

The prevailing treatment protocols for the condition are outlined in the World Professional Association for Transgender Health (WPATH)'s Standards of Care (SOC). These standards are accepted as authoritative by major medical associations.[6] The SOC specifically identifies a medical need for hormone therapy, including puberty-suppressing hormones and surgery for minors in some cases.

Based on numerous studies tracking post-treatment outcomes of individuals who have undergone gender-affirming treatment, the AMA confirms that delaying treatment for gender dysphoria "can cause and/or aggravate additional serious and expensive health problems, such as stress-related physical illnesses, depression, and substance abuse problems, which further endanger patients' health and strain the health care system."[7] Follow-up studies have also shown the undeniable beneficial effect of this surgical care on postoperative outcomes.[8]

HB68 would target parents and guardians who support their children and result in the denial of life-saving care for a serious medical condition. It also would interfere with the ability of parents to make medical decisions in conjunction with their children and clinicians.

Moreover, passage of this bill would result in New Hampshire falling out of compliance with state and federal law, which could open the state to legal action by those families prevented from accessing medically necessary care.

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[4] AMA, above at 1.

[5] Hage, J. J., & Karim, R. B. (2000). Ought GIDNOS get nought? Treatment options for nontranssexual gender dysphoria. Plastic and Reconstructive Surgery, 105(3), 1222-1227.

[6] See, e.g., Am. Med. Ass'n House of Delegates, Resolution 122 (A-08),Removing Financial Barriers to Care for Transgender Patients 1 (2008); Am. Psychol. Ass'n, Guidelines for Psychological Practice with Transgender and Gender Nonconforming People, 70 Am. Psychologist 832, 832 (2015); David A. Levine & Comm. on Adolescence, Am. Acad. of Pediatrics Technical Report, Office-Based Care for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth, 132 Pediatrics 297, 307-08. (2013).

[7] American Medical Association House of Delegates, Resolution 122, A-08, supra note 7.

[8] See, e.g. De Cuypere, G., & Vercruysse, H. (2009). Eligibility and readiness criteria for sex reassignment surgery: Recommendations for revision of the WPATH standards of care. International Journal of Transgenderism, 11(3), 194-205.; Garaffa, G., Christopher, N. A., & Ralph, D. J. (2010). Total phallic reconstruction in female-to-male transsexuals. European Urology, 57(4), 715-722; Klein, C., & Gorzalka, B. B. (2009). Sexual functioning in transsexuals following hormone therapy and genital surgery: A review (CME). The Journal of Sexual Medicine, 6(11), 2922-2939.

Federal courts have held that discrimination against transgender individuals is impermissible sex discrimination under the U.S. Constitution and federal laws prohibiting discrimination on the basis of sex, including Title VII and Section 1557 of the Affordable Care Act.[9] New Hampshire courts have held that in matters of first impression under New Hampshire antidiscrimination law, our state will look to federal Title VII precedent, and thus, **discrimination against transgender individuals is also impermissible sex discrimination under our comparable antidiscrimination law**.[10]

Where a law singles out people based on the fact that they have a gender identity that does not match the sex assigned to them at birth it necessarily discriminates on the basis of sex and trans status, thus triggering heightened equal protection scrutiny. "[I]t is impossible to discriminate against a person for being ... transgender without discriminating against that individual based on sex." *Bostock v. Clayton Cty., Ga.*, 590 U.S. ——, 140 S. Ct. 1731, 1741, —— L.Ed.2d —— (2020). "All gender-based classifications today warrant heightened scrutiny," *United States v. Virginia*, 518 U.S. 515, 555 (1996 (internal quotation marks omitted). Parties who seek to defend gender-based and trans-status based government action must demonstrate an 'exceedingly persuasive justification' for that action." *Virginia*, 518 U.S. at 531. "The burden of justification is demanding and it rests entirely on the State." The New Hampshire Legislature has so far offered no justification for HB68 except for hypothetical future problems that have not arisen. But under heightened scrutiny, justifications "must be genuine, not hypothesized or invented post hoc in response to litigation." *Virginia*, 518 U.S. at 533. This demanding standard leaves no room for a state to hypothesize harm.

In addition, **New Hampshire courts have held that discrimination based on an individual's gender identity constitutes disability discrimination.** In Doe v. Electro-Craft, the Superior Court noted that the inclusion of gender identity disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM) supported inclusion of gender identity disorder as a "handicap" for purposes of New Hampshire antidiscrimination law,[11] 1988 WL 1091932 (N.H.Super.). Since that decision in 1988, it is even more clear that transgender individuals would be covered under the state's disability laws, because, as noted above, the DSM and every major medical association, including the American Medical Association and American Psychiatric Association, agree that gender dysphoria is a medical condition for which there is an established course of treatment, and that hormone therapy and surgical care are medically necessary for many individuals with the condition.

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[9] Both federal courts and executive agencies have repeatedly indicated that sex-based protections cover transgender people through a definition of the term "sex" that includes gender identity and nonconformity with sex stereotypes. The U.S. Equal Employment Opportunity Commission recently issued a formal ruling that gender identity discrimination is *per se* sex discrimination, Macy v. Eric Holder, Atty. General, U.S. Dept. of Justice, EEOC Appeal No. 0120120821 (April 24, 2012).. *See, e.g.*, *Glenn v. Brumby*, 665 F.3d 1312 (11th Cir. 2011); *Barnes v. City of Cincinnati*, 401 F.3d 729 (6th Cir. 2005); *Smith v. City of Salem*, 378 F.3d 566 (6th Cir. 2004); Schwenk v. Hartford, 204 F.3d 1187 (9th Cir. 2000); *Prescott v. Rady Children's Hosp.-San Diego*, 265 F. Supp. 3d 1090, 1099–100 (S.D. Cal. 2017); and *Schroer v. Billington*, 577 F. Supp. 2d 293 653 (D.D.C. 2008).

[10] Madeja v. MPB Corp., 149 N.H. 371, 378, 821 A.2d 1034, 1042 (citing N.H. Dep't of Corrections v. Butland, 147 N.H. 676, 680).

[11] RSA 354:A-2 defines disability as "(a) A physical or mental impairment which substantially limits one or more of such person's major life activities; (b) A record of having such an impairment; or (c) Being regarded as having such an impairment. Provided, that "disability" does not include current, illegal use of or addiction to a controlled substance as defined in the Controlled Substances Act (21 U.S.C. 802 sec. 102).

By criminalizing parents who provide for the care of their transgender minor children, the law also infringes on the clearly established fundamental rights of parents to care for their children. *Meyer v. Nebraska,* 262 U.S. 390 (1923); *Wisconsin v. Yoder*, 406 U.S. 205 (1972). "The liberty interest…of parents in the care, custody, and control of their children is perhaps the oldest of the fundamental liberty interests" recognized by the Supreme Court. *Troxel v. Granville*, 503 U.S. 57, 65 (2000). The bill bars treatment that is supported by youth, parents, guardians, and their doctors. Such an intrusion into the medical decision-making of parents infringes upon their Due Process rights. Particularly here, where there is such clear science showing that withholding care to transgender young people can be deadly, the law would seriously infringe upon the rights of parents to guide the care of their children and keep their children alive and well.

A bill that permits medical treatment, for example, hormone therapy or a mastectomy, when medically necessary for a non-transgender minor, but that would criminalize parents for supporting the same procedure for a transgender minor for whom it is also medically necessary treatment for gender dysphoria discriminates based on sex, gender identity, transgender status, and sex stereotyping.

In sum, transgender minors need and deserve health care, just like everyone else. This bill would result in discrimination, would deny families the ability to care for transgender minors, and ultimately lead to devastating health outcomes for vulnerable young people. **The bill has no sound basis in science or medicine, and would open New Hampshire to costly and protracted legal challenges.** For these reasons, I respectfully urge this Committee to vote *inexpedient to legislate* on this legislation, as it has done twice before.

Karen Karwocki

From: richard demark <demarknh114@gmail.com>
Sent: Tuesday, February 2, 2021 10:51 AM
To: ~House Children and Family Law Committee
Subject: Fwd: HB 68

* This bill would criminalize the best practice medical care for transgender youth that is backed by the American Academy of Pediatrics, the American Medical Association, and other leading medical authorities. It would put doctors, transgender youth, and their families at serious risk.
* This is New Hampshire, where we believe in individual freedoms! Patients and their health care providers--not politicians--should decide what medical care is best for a patient in accordance with current medical best practices.
* Transgender children, like all children, have the best chance to thrive when they are supported and can get the health care they need. This bill would take access to life-saving care away from NH's trans youth.
* A 2020 National Survey on LGBTQ Youth by the Trevor Project showed that 40% of LGBTQ youth seriously considered attempting suicide, with more than half of trans youth seriously considering it. However, a 2020 American Academy of Pediatrics study found that access to this life-saving trans care reduced the rate of suicide among trans youth by 70%. This bill would criminalize that very care.
* This sort of law is discriminatory, and would open our state up to costly litigation as it goes against state and federal law.

Please HB68 inexpedient to legislate.

Harriet DeMark
114 Chase Road
Meredith, NH

Karen Karwocki

From: Allison Gill <allisonmegill@gmail.com>
Sent: Monday, February 1, 2021 11:43 PM
To: Kimberly Rice; ~House Children and Family Law Committee; Debra DeSimone; Josh Yokela; Lewicke@yahoo.com; Cody Belanger; Kenna Cross; Melissa Litchfield; Denise Smith; Patrick Long; Gaby Grossman; Cassandra Levesque; Safiya Wazir; Peter Petrigno; governorsununu@nh.gov
Subject: H.B. 68

Dear Committee:

I am writing to voice my opposition to HB68. This bill would deny transgender children access to life saving care. It would also label parents and doctors attempting to provide loving, affirming care to their children and patients as child abusers and criminals. Gender-affirming health care should never be a crime. Gender-affirming care is the medically appropriate care that transgender children should be able to receive and access without fear throughout their transition and childhood.

Gender-affirming care is recommended for all transgender youth by the American Academy of Pediatricians and the Endocrine Society. That is because multiple studies have shown that patients who receive gender-affirming care have better health outcomes. One study found that transgender children who receive puberty blockers are less likely to have suicidal ideations as adults. A comprehensive study by Cornell found gender-affirming care improved health outcomes for all transgender individuals and did not cause harm. Yet another study found that for transgender youth in particular, gender-affirming care had positive impacts on the child's mental health and feelings of safety at school.

Moreover, endocrinologists have years of experience in replacing and controlling hormones and can do so safely. Numerous medications using hormones – including estrogen and testosterone – are provided to millions of people a year, adults and children alike, for numerous medical reasons. There is no reason to believe that qualified physicians are causing harm to these children by providing access to appropriate care. Moreover, when compared to the incredibly high rates of suicide that transgender people face when they are unable to access respectful, gender-affirming care, the choice is plain. Provide gender-affirming care, save lives.

Lastly, if this bill is enacted, it would tear children from their loving families and throw them into the tumultuous foster care system. The foster care system is already strained and does not need the additional influx of children who are actually being loved and well cared for because this legislature refuses to accept medical science and allow proper medical care to New Hampshire's transgender youth.

I strongly urge you to vote against this bill, it is wrong on the science and would criminalize doctors who are doing their jobs and following their Hippocratic oath. Transgender children should be able to control their transition and bodies in ways that correspond with their gender and affirm who they are.

Thank you,

Allison Gill Lambert

Karen Karwocki

From: Jay Newton <jjnewt@gmail.com>
Sent: Monday, February 1, 2021 8:13 PM
To: ~House Children and Family Law Committee
Subject: Bill number HB 68, Oppose, Constituent in Gilford, NH

Hello Representatives of the Children and Family Committee,

I oppose HB68 because it would criminalize gender-affirming health care for trans children that a 2020 American Academy of Pediatrics study found reduced the rate of suicide among those youth by 70%. This type of medical care is also backed by the American Medical Association.

One question to consider is whether the harm created by this type of medical care, carefully considered by medical professionals, the individuals and their families, is worse than the sadly high chance of suicide of those individuals.

Thanks and regards,

Jay Newton
128 Cotton Hill Road
Gilford, NH 03249
jjnewt@gmail.com
508 254 1286

Karen Karwocki

From: Abi Maxwell <abikmaxwell@gmail.com>
Sent: Monday, February 1, 2021 7:24 PM
To: ~House Children and Family Law Committee
Subject: NH constituent OPPOSED to HB68

Dear Child and Family Law Committee,

I am writing to oppose HB68. I am the proud parent of an 8 year old daughter. Like most parents, her healthcare is of the utmost importance to me, and if passed, this discriminatory bill would force my family to move out of state in order to provide her with access to the best practice care that is backed by the American Academy of Pediatrics, the American Medical Association, and other leading medical authorities.

I urge you to oppose HB68 and instead build on the wonderful work our legislature has done in the past few years to make our state a safer, more inclusive place for all children.

Thank you,
Abi Maxwell

Karen Karwocki

From: Angela Drake <angela.drake@comcast.net>
Sent: Monday, February 1, 2021 2:47 PM
To: ~House Children and Family Law Committee
Subject: HB68 opposition

Hello Children and Family Law Committee members,
I oppose HB68 and I request that you oppose it as well.

The major medical associations (listed below) agree. They have fought at the Supreme Court to uphold transgender rights that
"being transgender implies no impairment in a person's judgment, stability, or general social or vocational capabilities." The stressful environment created by stigmatization causes negative health outcomes and produces significant health disparities between transgender and cisgender individuals. In contrast, as noted in the brief, "living in congruence with one's gender identity promotes well-being. Unsurprisingly, policies prohibiting employment discrimination lead to positive health outcomes in the transgender community."

The action of making gender reassignment an act of child abuse is shameful. These children should be supported not treated as victims of child abuse. These are children that are loved and supported by their families and their doctors. Punishing these families for working with medical professionals to help their children should be supported not shamed and punished. It is time for the discrimination against the LGBTQ+ Community, especially children, must stop.

It is no wonder why the depression and
suicide rates of transgender adolescents had higher rates of suicidal ideation, plans, attempts and attempts requiring medical care compared to cisgender teens, according to the American Academy of Pediatrics. We need to care for our children and make them safe not punish the parents and children for helping them be who they are.

Thank you for your consideration.
Angela Drake
141 Duck Pond Rd
Weare,NH 03281

*The medical associations that made the joint statement to the Supreme Court are: AGLP: Association of LGBTQ Psychiatrists; American College of Physicians; American Nurses Association; American Public Health Association; Association of Medical School Pediatric Department Chairs; Endocrine Society; GLMA: Health Professionals Advancing LGBTQ Equality; Lesbian, Bisexual, Gay, and Transgender Physician Assistant Caucus; Medical

Association of Georgia; Mental Health America; Michigan State Medical Society; National Council for Behavioral Health; Pediatric Endocrine Society; Society for Physician Assistants in Pediatrics; and World Professional Association for Transgender Health.

Karen Karwocki

From: Adam Plante <aplante@loftware.com>
Sent: Monday, February 1, 2021 11:53 AM
To: ~House Children and Family Law Committee
Subject: Opposing HB68

Good Morning,

I am writing this email in opposition of the HB68 bill that the state is discussing on passing. As a member of the LGBTQ+ community, this sickens and makes me want to scream. Growing up as a gay man that had to hide who I was in the small town that I grew up, this disgusts me. These children/adults who are going through their transgender journey are going through just another puberty for a straight young child. Those parents that support their children and who they really are should be looked at as heroes, not as "child abusers". I ask all of you to, as my grandmother said, walk a few steps in their shoes. Realize that this is not a CHOICE. We don't choose to be bullied, put down, told we are not human to the point where we are depressed or even take our own lives. As adults in government in the United States of America where Freedom is what we thrive on, rethink your decisions and oppose this bill. Your future grandkids could be transgender and you are ruining their lives.

Thank you,

Adam Plante
Executive Administrative Assistant
Office: 603.570.4606
Fax: 603.386.6313

Karen Karwocki

From: Jennifer Rhode <jrhode@loftware.com>
Sent: Sunday, January 31, 2021 7:25 PM
To: ~House Children and Family Law Committee
Subject: Testimony in Opposition of Bill HB68

Importance: High

Good Morning,

I am writing on behalf of myself and my family. As the Aunt of a transgender youth, this bill doesn't just mean something to me, it means everything to me. I do not think it is responsible or humane for this committee to decide for a child and their family how they will live out the rest of their life – or if they will be here long enough to enjoy a life. This bill, if approved, will prove true two things for my near future: visiting my Sister and her Husband in jail, because they are deemed a "child abuser" AND/OR possibly visiting the grave site of my transgender Niece because she was bullied and not allowed to live the life she chose at the age of 2. She was TWO. She was two years old when she asked my sister out of the blue "why am I not a girl?" She was not persuaded, she was given a life to be who she wanted. Until you live the life of a family with a transgender human within it, you will never have to worry about the things above but we do, and we continue to fight for equal rights. The world is evolving and so are our humans within it. I challenge you to sit with families of Transgender humans and ask questions, be present and learn about their lives and how they got to where they are. If you haven't done that, you don't get to decide that this is child abuse, nor do you get an opinion. Is this topic difficult to discuss? Sure! Is it not understood by everyone? Of course not! Change is hard, but we can do what is right and allow our kids to be kids. It is laws like this that will cause children to self-harm and to become a statistic in suicide rates.

My Sister and Brother in Law make it their mission to be kind human beings, to give back to their community and this is what they face each day, hate for their child. It is time that changes. It is time that my Sister and Brother in Law don't have to go to sleep at night worrying what hate their trans daughter faces in the coming day, pay for her to go to a private school that most couldn't afford (lucky for them) so that she is not bullied, and has a chance to learn and be understood. Time for kids to be kids, take politics out of this! My sister gives back every day of her life, as a Nurse Practitioner, caring for her patients, for possibly your family. And yet you want to put her in jail… it is despicable and sickening. This bill will change more lives negatively than it helps – of that I am certain. Let the Doctors and Scientists do their jobs and let kids be children again. Let me tell you that this Niece of mine has given more back to the community than most living adults, in her short time on this earth. She is kind, smart, educated and brave. She will do great things in her lifetime, and no one will care, nor should they, what her genitals were when she was born. She exceeds expectations in education and sports. If this bill is to pass, I will never forgive the State of NH and would make it my personal mission to be certain that I do anything I can to not let this happen to another family.

I am in strong opposition to this bill, it will quite literally kill families in the State that you are sworn to protect. Please, if I could beg in person I would be there, oppose this bill. Oppose HB68. I do not want to visit a graveyard to see my Niece. I want to show up to her graduation, dances and sporting events. That is what I should be able to look forward to, not to her possibly taking her life or being killed.

Thank you,

Jen Rhode, SHRM-CP
Human Resources Manager
Office: 603.570.4665
Fax: 603.386.6313

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Karen Karwocki

From: Alizarin Maney <alizarin.am.maney@gmail.com>
Sent: Sunday, January 31, 2021 6:16 PM
To: ~House Children and Family Law Committee
Subject: Bill HB68

Hello,
I am a phoenix, arizona resident and I'm writing today in order to oppose this bill because I believe that is unjust. Sexual Reassignment is not child abuse and actually improves the life of trans minors, and denying them these services puts them more in danger and is more destructive to their mental health. Below I will link some articles that explain this in further detail:

https://www.vox.com/2018/10/22/18009020/transgender-children-teens-transition-detransition-puberty-blocking-medication

https://pubmed.ncbi.nlm.nih.gov/30112593/

https://pubmed.ncbi.nlm.nih.gov/31027543/

https://www.thedailybeast.com/its-absurd-to-claim-that-trans-kids-are-being-rushed-into-transitioning

Thank you for your consideration,
Alizarin Maney

Karen Karwocki

From: Sarah Murphy <23smurphy@derryfield.org>
Sent: Sunday, January 31, 2021 6:04 PM
To: ~House Children and Family Law Committee
Subject: Re: HB68

Apologies for my last statement I was mistaken that a decision has been made. I just wish that these objections are taken into consideration and those of you who wish to object will do so and hopefully that I even slightly influence those of you who agree with the bill. I didn't intend to make assumptions- I am just very passionate and made an error in my wording.
Sincerest apologies.

On Sun, Jan 31, 2021 at 4:35 PM Sarah Murphy <23smurphy@derryfield.org> wrote:

> The bill that is being debated on February 3rd prohibiting gender affirming surgery for transgender citizens under the age of 18 is so troubling and harmful to the community. If you research the effects of body dysphoria in transgender persons, you will find numerous studies about the topic. Transgender youth such as Jazz Jennings, know from the age of 4 that they are in the wrong body and the process in which they have to go through to obtain this surgery and have the comfort of not wanting to harm themselves because of the body that they are in, is already so difficult. The passing of this bill would mean that any person under the age of 18 who wishes to have gender affirming surgery would have to sit with this extremely harmful dysmorphia possibly for many many years until they turn 18. In which this time they may harm them self to escape from this pain, will suffer immensely in their mental health and might attempt to perform such surgery themself. If you pass this bill, not only are you displaying such lack of care for transgender youth but you will display a blatant disregard for the safety and comfort of youth. I am truly ashamed to live in a state where such a bill has come into question and I sincerely hope that you take my words into consideration and rethink your decision.

Karen Karwocki

From: Your Best Frendo <drholmesphd@gmail.com>
Sent: Sunday, January 31, 2021 5:26 PM
To: ~House Children and Family Law Committee
Subject: HB68

To whom it may concern,
HB 68 is an egregious overreach intended to erase trans children. Studies have repeatedly shown gender affirming care significantly reduces likelihood of suicide in trans youth. HB68 is an attack on the most vulnerable children in our state. Please quash this awful bill.
-Daniel Holmes

Karen Karwocki

From: Sarah Murphy <23smurphy@derryfield.org>
Sent: Sunday, January 31, 2021 4:35 PM
To: ~House Children and Family Law Committee
Subject: HB68

The bill that is being debated on February 3rd prohibiting gender affirming surgery for transgender citizens under the age of 18 is so troubling and harmful to the community. If you research the effects of body dysphoria in transgender persons, you will find numerous studies about the topic. Transgender youth such as Jazz Jennings, know from the age of 4 that they are in the wrong body and the process in which they have to go through to obtain this surgery and have the comfort of not wanting to harm themselves because of the body that they are in, is already so difficult. The passing of this bill would mean that any person under the age of 18 who wishes to have gender affirming surgery would have to sit with this extremely harmful dysmorphia possibly for many many years until they turn 18. In which this time they may harm them self to escape from this pain, will suffer immensely in their mental health and might attempt to perform such surgery themself. If you pass this bill, not only are you displaying such lack of care for transgender youth but you will display a blatant disregard for the safety and comfort of youth. I am truly ashamed to live in a state where such a bill has come into question and I sincerely hope that you take my words into consideration and rethink your decision.

Testimony of Kimberly A.W. Peaslee, PhD
to the House Children and Family Law Committee
Hearing: Feb 3 @ 1:15 pm - RE: HB68

Madam Chairman, I am testifying today in opposition of HB68 introduced by Rep. Dave Testerman [R] of Merrimack. His bill seeks to add sexual reassignment to the definition of an abused child in RSA 169-C, the child protection act. More specifically, the definition of an abused child would include a child that is:

> [S]ubjected to drug treatments or surgery in an attempt to alter the sex of the child assigned at birth, except in rare cases of ambiguous genitalia. For purposes of this subparagraph, ambiguous genitalia refers to a medical condition in which a child's gender at birth is in question because the genitals do not appear clearly male or female.

As a legislator in NH, one must take an oath, which states, in part, "I will faithfully and impartially discharge and perform all duties incumbent on me as a State Representative, according to the best of my abilities." It is also to be understood that prior to proposing any law to abridge citizens' rights a modicum of research on the relevant subject must be a requirement.

A brief Google search provided the following: According to the American Medical Association,[1] approximately 150,000 youth ages 13 to 17 in the US identify as transgender (i.e., those individuals gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth). The AMA notes that "every major medical association in the US recognizes the medical necessity of transition-related care for improving the physical and mental health of transgender people, where medically necessary services that affirm gender or treat gender dysphoria may include, but are not limited to, mental health counseling, non-medical social transition, gender-affirming hormone therapy, and/or gender-affirming surgeries.

Furthermore, the AMA has found that gender-based discrimination affecting access to services (such as HB68) is a strong predictor of suicide risk among transgender persons (here our teens). The AMA cited studies which show that suicide rates dropped from 30 percent pre-treatment to 8 percent post-treatment.

[1] American Medical Association, Issue Brief: Health insurance coverage for gender-affirming care of transgender patients, 2019.

HB68 runs counter to the state's most precious tenant to "Live Free." I, for one, take these liberties very seriously. HB68 seeks to marginalize a subset of our children and criminalize their medically necessary healthcare. To interfere with our children and their doctors, to interfere in parents' care for their children, is clearly an interference in our children's' life, liberty, and privacy, to name a few.

On its face this bill is born not only out of ignorance but is a blatant attempt to dehumanize a group of individuals deemed "different" or "less than" by the bill's sponsor. Trans men are men. Trans women are women. They are citizens of our country and of our state just like me and we all deserve protection under the Constitution.

NH children should be able to Live Free and NOT Die due to a withholding of medically necessary treatment by the NH legislature. I also believe strongly that accountability is needed for those who seek to dehumanize any group, whether through their use of language or their actions.

My position is that HB68 is repugnant to the rights and liberties contained in the NH State Constitution and must be deemed "Inexpedient to Legislate." Thank you for your time.

Karen Karwocki

From: Hannah <dutton.hk@gmail.com>
Sent: Sunday, January 31, 2021 10:04 AM
To: ~House Children and Family Law Committee
Subject: HB68
Attachments: Priest, 2019.docx; Olson et al.pdf

To Whom it may Concern.

I cannot believe in the year 2021 this bill is up for a vote. It is disgusting and transphobic. A child who identifies as transgender faces so many challenges growing up in a society that believes the government has a right to dictate what a person should do with their gender representation. If the sponsors of this bill took the time to read scientific papers on transgender children they would have read that when children are allowed to transition genders, they are less likely to commit suicide (Olsen et. al, 2016 and Priest, 2019 see attached). This bill searches to further alienate New Hampshire's children. This bill disrespects our children's identities and free will. I imagine the sponsor's argument is that this bill will stop parents from forcefully changing their child's anatomy to fit their idea of who their child should be, but that does not happen. No parent wants their child to be miserable, the ability for a child to become the gender they were born as is essential to a child's happiness. Please do not support this bill.

Hannah Dutton

Transgender Children and the Right to Transition

Medical Ethics when Parents Mean Well but Cause Harm

1. Introduction

Most of us that live in liberal democracies agree that parents have the right to raise their own children. Most, however, also agree that there are limits to parental authority. Arguably, these limits have grown stronger and more expansive throughout the 20th century.[1] Consider, for instance, that several states and counties have outlawed programs which attempt to change the sexual orientation of homosexual youth.[2] Not too long ago, it would have been unimaginable that a religious program which threatens no physical harm to children would be legally prohibited.

Outlawing the above mentioned, "gay reform camps" suggests not only that we are taking youth rights more seriously, but that we are taking the notion of *psychological harm* more seriously. While we have long accepted that mental states arise from brain states, there remains a lingering tendency for experts and lay persons alike to think of psychological harm in a distinct and less important category than physical harm. This is despite the evidence that points to psychological abuse being every bit as harmful as physical and sexual abuse (Spinazzola et al., 2014).

---

[1] One landmark case that comes to mind is Prince vs. Massachusetts where the court ruled that a child's welfare can justify overruling parental rights, even parental rights regarding a child being raised according to parental religious beliefs (https://www.law.cornell.edu/supremecourt/text/321/158).But what is a child's welfare? Generally, we have seen this ruling bear out in laws against neglect and abuse which generally (but not exclusively) override parental authority in cases in which a child faces *physical* harm.

[2] States and counties which have laws prohibiting "conversation therapy" include Pima County, AZ; Westminster, CO ; Bay Harbor Islands, FL ; Boynton Beach, FL ;Delray Beach, FL ;El Portal, FL ;Greenacres, FL ;Key West, FL ;Lake Worth, FL; Miami, FL ;Miami Beach, FL ;Riviera Beach, FL ;Tampa, FL ;Wellington, FL ;West Palm Beach, FL ;Wilton Manors, FL ;Athens, OH; Cincinnati, OH Columbus, OH ;Dayton, OH ;Toledo, OH ;Allentown, PA ;Philadelphia, PA ;Pittsburgh, PA and Seattle, WA. (See, Kids Pay the Price: 2017).

Yet the tide is turning. Not only are gay reform camps now illegal in some states, but laws against bullying and harm via cyber space is increasingly becoming a matter or legislative prohibition. Along similar lines, therapy and psychiatric drugs are used much more frequently than ever before.[3] Both of these moves suggest a growing concern with mental ailments that fall upon children and adolescents.

As we continue to move in the direction of seeing psychological harm in the same light as we see physical harm, we should expect to see an increase in the ways in which the state intervenes with parental authority. After all, for most of the history of liberal democratic societies, parents "psychologically" harming their children was not considered a matter for the state to deal with at all. There are hence large gaps in appropriate measures to protect those not of age to protect themselves. In the United Kingdom, for instance, new "Cinderella" legislation (formally, *Serious Crime Act of 2014*) was recently ratified and is aimed at protecting emotionally abused youth and punishing their perpetrators. Parliament member Robert Buckland had this to say about the legislation: "Our criminal law has never reflected the full range of emotional suffering experienced by children who are abused by their parents or caretakers. The sad truth is that, until now, the wicked stepmother would have got away scot free" (Chorley, 2014). Buckland's statement well exemplifies the legal gap when it comes to protecting minors from non-physical forms of abuse.

This paper discusses one area of psychological harm that is worthy of new attention: harm to transgender youth who have non-supportive parents (by "non-supportive" I do not

[3] Every US state now has a law against bullying. Admittedly, the definition of "bullying" varies by district. The extent of the penalty for violating bullying laws also varies. Notwithstanding, the fact that these laws are common place speaks to a growing concern for the psychological health of adolescents ("Specific State Laws Against Bullying", 2017). Another sign that we are taking psychological harm more seriously is the increasing use of psychiatric medication. According to a 2013 report from the CDC, "Approximately 6.0% of U.S. adolescents aged 12–19 reported psychotropic drug use in the past month" (See Jonas et al.:2013). Please note this is in reference to all youth, not just transgender youth. We are taking psychological harm more seriously across the board, and transgender youth deserve special attention in this regard, for they face increased risk of these mental harms.

mean parents who do not love or care for their children. I rather mean parents who do not support, aid, and/or approve of the transition process.) In particular, I will argue that transgender adolescents have a fundamental right to PBT (puberty-blocking treatment) *even if* their parents disapprove. The need for this type of state protection is serious. The World Professional Association of Transgender Health (WPATH) warns us that, "refusing timely medical interventions for adolescents might prolong gender dysphoria and contribute to an appearance that could provoke abuse and stigmatization" (Coleman et al., p.78, 2012). A child is transgender if he or she identifies with a gender other than their biological sex. A child has gender dysphoria if such atypical identification causes distress.[4] Being transgender itself does not necessarily mean one suffers from gender dysphoria. Transgender youth who lack supportive families, for instance, are far more likely to experience gender dysphoria (Olson et al., 2016; Gorin-Lazard et al., 2012; and De Vries et al., 2014.)

Sadly, youth suffering from gender dysphoria often face more than just psychological harm, but all too often the ultimate physical harm. Transgender youth are ten times as likely to attempt suicide when compared to their cisgender peers (Haas et al.: 2010). Even more, suicide has recently moved up the list from the third leading cause of death amongst teenagers to the second. From the words of the American Academy of Pediatrics, "With suicide rising to the second-leading cause of death among adolescents, the American Academy of Pediatrics (AAP) is publishing updated guidelines advising pediatricians how to identify and help teens at risk" (AAP, 2016). If suicide is already a serious risk amongst adolescents, and this risk is magnified by 10-fold when it comes to transgender youth, this is nothing other than a serious mental health crisis. These statistics suggest that not only should pediatricians be especially concerned

[4] "Gender dysphoria is usually experienced from childhood on, and it is not based on any cultural preference but on a person's innate sense of self: it is characterized by persistent discomfort and distress about one's assigned sex or gender…" (Brill and Pepper: 200: 2008). And similarly, "…*gender dysphoria* refers to discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics)" (Coleman et al.: 2017).

with psychological harm that befalls marginalized youth such as transgender children, but arguably so should the state. The formal argument runs as follows:

> 1. The state has a duty to protect minors from serious harm inflicted by their caretakers.
>
> 2. Harm which leads to suicide is a serious harm.
>
> 3. Transgender youth with non-supportive parents are at a high risk of psychological harm leading to suicidal tendencies.
>
> 4. Therefore the state should pay special attention to, and has a duty to protect, transgender minors from psychological harm inflicted via their caretakers.

Admittedly, the above argument, even if persuasive, leaves much vague. The remainder of this paper will attempt to fill in those details.

My strategy for defending the formal argument above revolves around arguing in favor of two normative claims:

> (1) Transgender youth should have access to treatment which is not dependent upon parental approval.
>
> (2) There should be state-sponsored publically-available information regarding gender dysphoria, transgender identification, and means of appropriate treatment.

The next section offers an overview of gender dysphoria and the use of PBT. Section 3 describes the particular *psychiatric* problems that befall transgender youth in the absence of PBT. Section 4 focuses on the *physical* harms that result from the absence of PBT. Section 5 argues that the harms described in Sections 3 and 4 indeed justify state intervention into the life of transgender minors and their families. Section 6 argues that the state has not only a role to play in legally mandating the right to PBT, but also in using government institutions to educate the public about transgender issues and treatment. In Section 7 I respond to potential objections. Section 8 reviews the paper's main argument and offers concluding remarks.

2. Gender Dysphoria and Treatment for Transgender Youth

2.1 Gender dysphoria and its consequences

Gender dysphoria, the feeling of disconnect and unease at the difference between one's biological gender and one's sense of gender identity, often begins at a surprisingly young age.[5] Many parents, knowing nothing about what it means to be transgender, are baffled by toddlers who insist that they are the gender opposite the one on their birth certificate. A dad might be horrified when his little boy comes down stairs in a tutu. A mother might be exasperated that her 6-year old daughter insists on calling herself a "big brother" rather than a big sister.[6] And two Christian parents might cry themselves to sleep because their preschooler insists on playing with girl toys and has already been labeled "gay" by his peers.[7] While all parents understandably feel stressed in such situations, different parents often handle these situations in polarizing fashions. Not only do some parents not accept their transgender children, but sadly more than a few have forced their children out of the home, leaving them homeless. Indeed, being transgender is one of the leading risk factors for homelessness.[8]

---

[5] "During the last decade, more children have made a social gender role transition, sometimes as early as 4 or 5 years of age" (de Vries and Cohen-Kettenis 2016). And similarly, "Children as young as age two may show features that could indicate gender dysphoria" (Coleman et al., 2017). See also, Brill and Pepper, 2008.

[6] These examples are taken from the experience of real families. The first can be found in Nutt, 2017 and the second in Whittington and Gasbarre, 2016.

[7] Of course, gender nonconforming behavior does not alone mean that a child is transgender (nor does its absence mean a child is cisgender.) Plenty of cisgender children enjoy games and dress that is traditionally considered typical of the opposite gender. Nonetheless, gender nonconforming behavior is often listed as one of the many "signs" that a child might be transgender. For example, in *Principles of Transgender Medicine and Surgery*, Walter Bockting (Professor of Medical Psychology) and Eli Coleman (Professor of Family Medicine and Community Health) describe one "vignette" in the early stages of the coming-out process (coming out as transgender) in the following fashion, "His parents expressed concern about Ben's gender nonconformity. People regularly mistook him for a girl. Ben identified with Dorothy from The Wizard of Oz. At Christmas, he asked for ruby slippers" (Ettner, et al.: 140:2016).

[8] For information on transgender youth and homelessness, see Burgess, 1999; Seaton, 2017, Keuroghlian et al., 2014, and Durso and Gates, 2012. Seaton and Durso and Gates contain specific information about the risk factors for transgender homelessness.

While many parents are unaware of how to address their transgender child's expressions of dysphoria, the earliest treatment requires neither medication nor any intervention that is irreversible. Rather, specialists recommend that parents of young transgender children offer support in at least two ways. First, because their child is likely to go through psychological stress unlike that of their gender conforming peers, counseling of some sort is often helpful. (Ettner et al., p.101, 2016, and Krieger, p.40, 2011). Or, to put things more starkly, "It is recommended that all transgender adolescents be involved in psychological therapy, even those who are functioning well, to ensure that they have the necessary support they need and a safe place to explore identities and consider the transitioning experience" (Levine, p.308, 2013). In addition, parents wishing to help their children maintain a healthy psychological state should be supportive and non-judgmental of their children's gender expression (Olson et al., 2015). Indeed, perhaps nothing speaks to the importance of parental support more than the disparity in the suicide rate of transgender teens without supportive parents compared to those who do have support. A recent *Huffington Post* article notes the following,

> Transgender people who are rejected by their families or lack social support are much more likely to both consider suicide, and to attempt it. Conversely, those with strong support were 82% less likely to attempt suicide than those without support, according to one recent study. Another study showed that transgender youth whose parents reject their gender identity are 13 times more likely to attempt suicide than transgender youth who are supported by their parents. (Tannehill, 2016).[9]

Parents who have mixed feelings about their children's transgender expressions are wise to keep this statistic in mind. It is fine for parents to have internal questions, but parents who want to

[9] The studies mentioned include Bauer et al., 2015 and Travers et al, 2012. In addition, Olson et al., 2016 show that transgender children who do have supportive parents have average levels of depression. In these studies support was measured via surveys where transgender teens described the level of support they received from their parents.

protect their kids should outwardly express support and love to young persons already prone to feelings of isolation and rejection.

The transgender child who cannot dress or express oneself genuinely will likely face an insufferable sense of gender dysphoria (Burgess 1999; De Vries et al., 2014 and 2012; Durso and Gates, 2012; Frisch 2017; Garofalo et al., 2006; and Watson et al., 2017). When a child is accepted by their family and allowed to express their gender identity, they remain transgender but may experience little to no gender dysphoria.[10] However, a child who is not accepted and not allowed to express their gender identity is likely to struggle with the mismatch between their physical body and their gender identity (Olson et al., 2016; Gorin-Lazard et al., 2012; and De Vries et al., 2014).

2.2 Do children own their bodies?

Philosopher John Locke argued that our bodies are our property; in his words, "...every man has a Property in his own Person" (John Locke, *Second Treatise*, Ch. 5, book 27). This idea has been foundational to liberal democracies ever since: members of liberal democracies should have the liberty to do with their body what they want, when they want to, and with whom they choose. Yet for transgender youth approaching puberty, their bodies do not feel like their property at all. Indeed, such puberty induced changes create a body they would rather disown than own. In the words of Irwin Krieger, "When transgender kids reach puberty, their bodies begin to betray them. They develop the physical characteristics that are typical of their biological sex but not in accord with their deeply felt gender.... As puberty progresses, many begin to feel hopeless about their future" (p.20, 2011). If transgender youth are truly the owners of their bodies, they should have the right to prevent them from going through changes of which they disapprove. What these adolescents would like to do with their bodies is clear: they want to take

[10] Throughout this paper, I will use the term "they" as a singular gender-neutral pronoun. The term "they" is becoming increasingly used (and advocated) as a singular gender-neutral pronoun, especially amongst the LGBT community. For instance, see Dembroff and Wodak 2018, and McKenzie and Dembroff, 2018.

steps to make the puberty induced changes stop. And indeed, the standard of care for transgender adolescents lines up with their wants. The recommendation for adolescents beginning puberty up until age 16 is to undergo PBT. According to the Standards of Care for transgender persons, "withholding puberty suppression and subsequent feminizing or masculinizing hormone-therapy is not a neutral option for adolescents" (Coleman et al., 2012). This does not mean every gender dysphoric child should go forward with PBT, but that those adolescents who (after an evaluation) are deemed good candidates should have the option available. PBT freeze the child in time physiologically. Hence, a transgender boy need not go through the horrors of developing breasts nor a transgender girl look in the mirror and see facial hair. With this treatment, the development of these secondary-sex characteristics is put on hold.

In spite of their children's struggles, parents understandably might worry that their child, at such a young age, does not know what they want, especially not for the rest of their life. Indeed, these parents might point out that they (the parents) are the true owners of their children's bodies, at least until they become legal adults. Before that time, it is the job of the parents to protect the bodies of their children in ways they see fit. Or so one might argue. However, even if parents are worried that their child might change their mind regarding their gender identity; the comforting news is that PBT is completely reversible. (Cohen-Kettenis et al., p.1894, 2008, and Delemarre-van de Waal and Cohen-Kettenis, 2006). Puberty-blockers give youth time to be sure that they really do identify with their non-biological gender. The WPATH makes a recommendation for puberty-suppressing treatment with the following justification:

> Two goals justify intervention with puberty suppressing hormones: (i) their use gives adolescents more time to explore their gender nonconformity and other developmental issues; and (ii) their use may facilitate transition by preventing the development of sex characteristics that are difficult or impossible to reverse if adolescents continue on to pursue sex reassignment. Puberty suppression may continue for a few years, at which time a decision is made to either discontinue all hormone therapy or transition to a feminizing/masculinizing hormone regimen (Coleman et al., p. 177, 2012).

Most adolescents who use puberty-blockers do later choose to continue throughout life with a transgender identification (De Vries et al., 2014). However, it is always possible some will not, and for these youth it is a great relief that their body has not been changed permanently. Again, from the WPATH, "Pubertal suppression does not inevitably lead to social transition or to sex reassignment" (Coleman et al., p.177, 2012).

Following treatment with puberty suppressants, the next step in care involves taking cross-sex hormones so the transgender youth might experience the puberty of their identified gender (to the closest extent possible.) According to Endocrine Society Guidelines, "We recommend treating transsexual adolescents (Tanner stage 2) by suppressing puberty with GnRH analogues until age 16 years old, after which cross-sex hormones may be given" (Hembree et al., p.3133, 2009). And as the WPATH notes, "Feminizing/masculinizing hormone therapy – the administration of exogenous endocrine agents to induce feminizing or masculinizing changes – is a medically necessary intervention for many transsexual, transgender, and gender nonconforming individuals with gender dysphoria" (Coleman et al., p.187, 2012, and Gorin-Lazard et al., 2011). At this stage of cross-sex hormone-treatment, unlike the stage of PBT some of the bodily changes enacted are irreversible (Ettner et al, p.201, 2016).

Although this stage of cross-sex hormone intervention is clearly important, it is not the focus of this paper. One reason is that I believe that the thesis *I am* arguing for (the need for PBT), is an issue worthy of a paper on its own. In addition, when youth reach the appropriate age for cross-sex hormone-treatment, in many countries they have already reached the age of medical consent or they are very close to doing so. In comparison, when youth reach the apt age for PBT most are too young to make legal medical decisions. Therefore, it seems that PBT is a more pressing issue than is cross-sex hormone-treatment.

2.3 Persisting and desisting

It is not only parents that might worry about transgender children simply going through a "phase." There has also been a series of studies about "persisters" and "desisters" that suggest many transgender children do not become transgender adults (see Steensma et al., 2011 and 2013; Drummond et al., 2008, and Wallien & Cohen-Kettenis, 2008.) These studies label transgender children who maintain their transgender identity into adulthood "persisters", and those who revert back to their natal gender as "desisters." Taken as a whole, this literature suggests that most transgender children do not go on to become transgender adults, but rather cisgender homosexuals.

So why recommend PBT if evidence suggests that most seemingly transgender children are going to desist? Four points explain why PBT remains the best option:

1. The empirical work on persisters and desisters is controversial, leaving much room for doubt.

2.Most of the work on persisters and desisters focuses on childhood, however, the stage at which PBT is recommended is adolescence.

3.Regardless of the literature on persisters and desisters, and regardless of some disagreement among experts, PBT is the standard of care consistent with the opinion of the collective body of experts in the field of transgender medicine and endocrine studies.

4.Even assuming a significant number of youth who receive PBT do not go on to be transgender adults, this treatment risks far less harm than the absence of PBT.

Let us discuss each of the above in turn. A series of articles has offered compelling criticism of the literature on persisters and desisters (a non-exhaustive list includes Temple Newhook et al., 2018, Olson & Durwood, 2016; Olson 2016; Pyne, 2014; Serano, 2016; Winters, 2014, and Ehrensaft et al. 2018). It will be helpful to briefly summarize some of these criticisms here. One suggested difficulty with the desisting literature is that those who "desisted" might not have

meet criteria for having gender dysphoria in the first place. The criteria used for diagnosing children with *gender identity disorder* (the diagnosable condition at the time) would not meet today's standards for *gender dysphoria* (the revised diagnosable condition). In the words of Temple et al.,

> Due to such shifting diagnostic categories and inclusion criteria…these studies included children who, by current DSM-5 standards, would not likely have been categorized as transgender (i.e., they would not meet the criteria for gender dysphoria) and therefore, it is not surprising that they would not identify as transgender at follow-up. (p.4, 2018).

This (subjects not meeting criteria for gender dysphoria) is arguably the most serious problem for these studies, for it leaves open the possibility that children *who are* diagnosed with gender dysphoria indeed persist in their identities. Concerning still, as Temple et al. explain further, in one particular study 40% of the subjects did not even meet the criteria for gender identity disorder (p.5, 2018). Let us look at this piece by piece. In one study 40% of children did not meet standards for gender identity disorder. Of the remaining 60% of subjects who did meet gender identity disorder standards, many of these would not have meet the standards for gender dysphoria. Looking at those two statistics together, it is unclear what percentage of the subjects provide evidential relevance for today's transgender youth diagnosed with gender dysphoria.

A different difficulty with the desisting studies was the high attrition rate of participates, and even in one case, classifying those who left the study as desisting, with the justification that, "…the Amsterdam Gender Identity Clinic for children and adolescents is the only one in the country, we assumed that their gender dysphoric feelings had desisted…" (Steensma et al., p.501, 2011) So in this case it was actually unknown whether subjects desisted, but simply assumed that they did. While it *might* be true that participants who did not return desisted, there are many other explanations for these participants not returning. Other criticisms of the studies include the fact that the numbers of children in the study were small and confined to two

specific cultures (The Netherlands and Canada), the age at the follow-up was relatively young, and the fact that one of the clinics in the study actively worked to discourage persisting (Temple et al., 2018).

When the above criticisms are taken into consideration, one is likely to walk away with considerable doubt over whether most transgender children are desisters. Moreover, even the desisting literature suggests that when children *explicitly state they are the gender opposite of their natal birth*, (as opposed to simply showing gender non-conforming behaviors or claiming they "wished" they were the other gender) we have strong reason to believe these children will be persisters. In the words of Steensma et al., "From Steensma et al, "Persisters indicated that they felt they were the 'other' sex and the desisters indicated they wished they were the 'other' sex… explicitly asking gender dysphoric children with which sex they identify seems to be of great value in predicting a future outcome for both gender dysphoric boys and girls" (p.588, 2013). Hence this criterion (openly stating their transgender identity) can be used to help diagnosis adolescents who are good candidates for PBT.

The most recent moves in the desisting literature are two published replies (Steensma and Cohen-Kettenis, 2018, and Zucker 2018) to Temple Newhook et al.'s 2018 critical commentary. While some of this discussion takes us off-track (given this particular paper's aim), let me try to summarize the most relevant points, beginning with the Steensma and Cohen-Kettenis response, and then moving on to Zucker.

Steensma and Cohen-Kettenis acknowledge that, "As we have stated elsewhere (Hembree et al., 2017; Steensma,2013), we expect that future follow-up studies using the new diagnostic criteria may find higher persistence rates…" (Steensma and Cohen-Kettenis, p.226, 2018). However, the authors do defend their choice to classify those who did not return to the study as desisters, arguing that other possibilities are far-fetched (p.226). Steensma and Cohen-Kettenis took issue with the suggestion that they might be unsupportive of transgender

children's identities, reminding readers that "As we were the first (in the world) to provide adolescents with puberty blocking treatment, it was important for us to know more about the lowest age for responsibly starting with this treatment… (228)." They continue, "We want to stress that we do not consider the methodology used in our studies as optimal…or that the terminology used in our communications is always ideal…" (229). Lastly, Steensma and Cohen-Kettenis conclude by defending themselves against accusations of unethical behavior, and call for clinicians to work together for the good of their patients (229).

Zucker (2018) seems less willing to admit possible limitations of past studies. He criticized Temple Newhook et al. for failing to include a discussion of some earlier studies on the one hand, and on the other hand for including some studies that Zucker thought should have been precluded (p.232, 2018). Zucker also criticizes the way Temple Newhook et al. summarize and interpret certain data from past studies (p.233, 2018). Zucker is skeptical that the changes in diagnostic criteria are as significant as Temple Newhook et al. think they are. He notes, "It is my clinical opinion that the similarities across the various iterations of the DSM are far greater than the differences…" (p.234, 2018). Zucker also claims that at points in their paper, Temple Newhook et al., "…have defaulted to rhetoric and dogma" (p.240,2018).

My paper is not the place to resolve the remaining disputes in the desisting literature. Interested scholars can check out the references themselves, and make their own judgements. My point in bringing up this discussion, is to make clear that the commonly heard claim that "most transgender children do not become transgender adults" is far from settled. Notwithstanding, as I will argue below, *even if* most transgender children *were* desisters, there remains strong reason to believe that gender dysphoric youth deserve access to PBT.

2.4 PBT is the best route, regardless

Suppose that for whatever reason a clinician is convinced by the desisting literature, and believes many transgender children do not become transgender adults. There are still three

reasons to think PBT is the best medical route. The first is that much of the desisting and persisting literature concerns children. It is at *adolescence*, however, that PBT is recommended. As noted by Coleman et al., "In contrast (to childhood), the persistence of gender dysphoria into adulthood appears to be much higher for adolescents" (p.172,2012). While the field of transgender health is still emerging, and while there are many areas where researchers have disagreements, puberty suppression at early adolescence is suggested both by the World Professional Association of Transgender Health and the Endocrine Society. As stated earlier in the paper, "According to Endocrine Society Guidelines, "We recommend treating transsexual adolescents (Tanner stage 2) by suppressing puberty with GnRH analogues until age 16 years old, after which cross-sex hormones may be given" (Hembree et al., p.3133, 2009). And as the WPATH notes, "Feminizing/masculinizing hormone therapy – the administration of exogenous endocrine agents to induce feminizing or masculinizing changes – is a medically necessary intervention for many transsexual, transgender, and gender nonconforming individuals with gender dysphoria" (Coleman et al., p.187, 2012). As said in the abstract of the 7th edition of the Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, "The SOC are based on the best available science and expert professional consensus"(Coleman et al., 2012).

We can see that despite the controversy surrounding persisting and desisting literature, experts have managed to agree on standards of care for transgender youth, and such standards are consistent with PBT at early adolescence (Coleman 2012, pg. 177-179). Now this, of course, is not to say that every gender dysphoric child should receive PBT. There are a number of other criteria that make gender dysphoric adolescents good candidates for PBT, and an extensive medical evaluation by a medical and/or psychological professional is an important part of the process. This paper only contends that parental approval need not be an important part of this process.

Some might still worry that over-ruling parental decisions is going too far. It is *possible*, after all, that any given transgender adolescent will not become a transgender adult. No medical test guarantees that a youth who claims to be transgender will carry that identity into adulthood. Said differently, there is no way to know that any given transgender youth will turn out to be a "persister" rather than a "desister." With other types of medical treatment, one might argue, we have blood tests or X-rays which can confirm a diagnosis. This is not so with gender dysphoria.

It is true that PBT comes with risks. However, let us recall that there are risks on both sides. The risks of *not treating* with PBT are very serious: gender dysphoric youth forced to go through puberty of their natal gender are likely to suffer from especially strong dysphoric feelings. They are also unlikely to feel a sense of support from their families or physicians. Such factors put transgender minors at high risk for mental health problems and potentially suicide (Burgess 1999; De Vries et al., 2014 and 2012; Durso and Gates, 2012; Frisch 2017; Garofalo et al., 2006; and Watson et al., 2017). Even more, those transgender adolescents who *do* persist in their identities, and have not been given PBT, enter adulthood with a body they reject. Their first years as an independent autonomous agent might be spent worrying about physical features which are either impossible, expensive, or dangerous to change (Taylor, 2015).Let us compare this to an adolescent who takes PBT but then desists. Fortunately for these young persons, PBT is reversible and hence desisters can experience the normal (albeit delayed) puberty process with little physical risk, resulting in the adult body the desister desires (Cohen-Kettenis et al., 2011). When we compare these risks against each other, the risker, more dangerous, and more permeant option *is not* the option of using PBT and desisting. It is rather bypassing PBT and persisting.

3. Psychological Harm and Epistemic Barriers

In spite of the serious harms facing transgender youth, one reason society, parents, and clinicians might be disinclined to take this harm seriously is that much of the harm is

psychological. Ethically speaking, this distinction is irrelevant: we are psychological selves every bit as much as we are physical selves, and harm to either one of these parts is real and ethically significant. Yet one (perhaps legitimate) reason that to be less inclined to take action against psychological harm (in comparison to physical harm) is that we frequently lack the evidential manifestations present with physical harm.

Psychological harm leaves no visible bruises. Even when *we can* identify the presence of extreme psychological harm, we rarely can be sure that harm was caused by the parent rather than siblings or the stress of school, sports, or other stress points. These epistemic difficulties in establishing the cause and true consequence of psychological ailments explains and justifies hesitancy in state meddling. While these reasons are perhaps justified, they have nothing to do with psychological harm being *intrinsically* less wrong or damaging than physical harm. Given that such justifications are epistemic, when we DO have an epistemic hold over certain kinds of mental ailments, there is every bit as much reason for the state to intervene as in cases of *physical* abuse.

The harm transgender youth suffer is importantly different from typical instances of psychological harm, and for at least three reasons. First, we have clear and specific evidence that going through puberty of their natal gender imposes serious psychological harm on a transgender child. Second, we have evidence that this harm is often long-term and potentially irreversible. Third, we know exactly what causes this harm (the distressing experience of going through puberty of the "wrong" gender) (Colemman et al., 2012; Tannehill 2016; Olson et al., 2014 and 2016; Gorin-Lazard et al., 2012; and De Vries et al., 2012, 2014, and 2016; Murad et al., 2010, and Kids Pay the Price, 2017). In all these ways, harm to transgender children is unlike other kinds of psychological harms where important variables are epistemically suspect. Thus, whatever epistemic concerns we may have about psychological harms in other contexts, these should not factor into the topic of consideration in this paper.

4. The Physical Risks

Although many of the notable harms that a transgender child suffers are psychological, there also are risks of physical harm. The increased risk of the ultimate physical harm: death by suicide, has already been stated. But in addition, we should consider the physical realities of what happens when a transgender child is forced to go through the puberty process of their natal sex. This process will result in the secondary-sex physical characteristics that the transgender child so dearly wants to avoid, i.e. breasts, hips, and feminized voice and face for transgender men and facial hair, height, muscle development, and masculine voice and face transgender women. While it is possible to change many of these features through surgery as an adult, this is anything but a simple process. It is important to note that if the youth was denied recommended treatment according to the WPATH transition stages, the surgical operations needed to fully transition as an adult are much more expensive and complex (Taylor, 2015).

A second physical risk of avoiding recommended puberty-blocking treatment is that transgender children sometimes seek to self-medicate (Garofalo et al., 2006; Clark et al., 2008; Schmid et al., 2008, and Rosioreanu et al., 2004).Let us remember that many transgender youths are homeless, having been abandoned by their family for their identity (Burgess, 1999; Seaton, 2017, Keuroghlian et al., 2014, and Durso and Gates, 2012). Homelessness is of course a physical risk on its own. But whether the transgender child is homeless or not, they might seek puberty-blockers that can be found on the street or via questionable internet websites. Some transgender adolescents attempt to access this treatment after they are denied it through sanctioned means. Not only is the child not under medical supervision—and hence more at risk of dosage errors--but the medication can be counterfeit, i.e., either not really puberty-blockers at all, or synthetic PBT mixed with dangerous substances. This can, in turn, lead to infection and sadly even death (Garofalo et al., 2006; Clark et al., 2008; Schmid et al., 2008, and Rosioreanu et al., 2004).

Transgender children seeking puberty-blockers via their own means is clearly not an outcome any decent parent would want, even parents who disapprove of puberty-blockers in general. We might compare this to parents who disapprove of their children having sex but would never wish that their children contract an STD if they did. Indeed, one of the justifications behind having sexual education in school is that even if it is "best" for adolescents to wait, many will have sex anyway. This puts teens in grave risk if not taught to take proper precautions. Currently, many teens not only receive sexual education in school, but have access to both private and public health clinics to get access to sexually related treatment (Much like sexual education, minors' access to sexual healthcare via public clinics varies by state and jurisdiction. See Goodwin et al., 2012, for an in-depth look at a state law in Arizona that afforded minors special rights related to sexual health).

I propose that we expand traditional sexual preventative health education to cover transgender health. We should include education relevant to transgender persons and transgender care, as well as have such care available at public and private health clinics. Admittedly, this wish might have better chances of becoming a reality in some parts of the United States than in other parts. Sexual education is not uniform throughout the US, and schools that insist on abstinence only education are unlikely to implement curriculum concerning transgender health. Notwithstanding, we should work toward implementing transgender health education where possible, and further work toward expanding these programs as conditions permit.

5. Justifying Intervention

5.1 A child's right to their body

The first stages of puberty (and hence the approximate time to begin puberty-blockers) begins far younger than the age of legal majority (Selva, 2017). Hence, we run into a dilemma if parents are insistent against such treatment. One potential solution, at least in the United States, is to

appeal to what is known as *the mature minor doctrine*. This doctrine recognizes that some adolescents are wise beyond their years, and hence leaves room for these precocious children to make their own medical decisions when deemed sufficiently mature by the courts (Coleman and Rosoff, 2013). However, this is not the solution I want to defend. While I have no issue with using this justification in some cases, I believe that transgender children have a right to treatment apart from any use of the mature minor doctrine, a right that is both universal and not dependent on the transgender child possessing a specific level of maturity. After all, not all transgender youth meet the requirements of a mature minor. Hence if *all* transgender youth deserve access to PBT, it is best that we do so on different grounds. The justifying principles fit for this task are similar to principles used in the following two types of cases:

> (1) Principles that justify taking a neglected child away from the home.
> (2) Principles that justify performing a blood transfusion on children of Jehovah's Witnesses.

Notice that in neither of the cases above is the mature minor doctrine the justification for state action. And while the justifications for these two interventions are not identical, the relevance of each is important. The comparison to negligence explains why the state must help even if the parents have no intention to harm their child. Just as is the case with negligent parents, transgender children should not suffer due to their parents' unintentional mistakes.

Sometimes parental decisions against PBT might be motivated from religious belief, i.e., parents might believe that God made people biologically the gender that they were "meant" to be. While there is a strong presumption supporting parental rights to raise their child according to the parents' religious values, like most rights, this one is limited. As bioethical cases concerning Jehovah's Witnesses have taught us, children should not be destined to suffer because of the religious beliefs of their parents(Guichon and Mitchell, 2008; Woolley, 2005, and

Press Association, 2014). Children's future autonomy, autonomy which includes making their own religious choices as adults, is arguably as important as a parent's right to religion and hence must be preserved. While most religious choices made by parents do not interfere with a child making different choices when they reach adulthood, some do. Religious choices which prevent a child from ever reaching adulthood, or reaching adulthood in a healthy state, are problematic. And whether the parents fully understand or not, transgender children going through puberty of the "wrong" gender is harmful in this way. As we have seen, refusing PBT first presents immediate and intense psychological harm. And second, it causes lasting and *irreversible* physical harm(Bauer et al., 2015; Brill and Pepper, 2008; Burgess 1999; Cohen-Kettenis et a., 2008; De Vries et al., 2012 and 2014; Delemarre-van de Waal et a., 2006 and Krieger 2011 and Zucker 2012).

We can compare the parents of transgender children opposed to physician-recommended treatment to "naturalist" parents, i.e., parents who mistrust traditional Western medicine. Regardless of whether these parents have good intentions, these children are often at risk of harm. In various cases the courts have ruled that not only are these "naturalist" parents required to treat their children with Western medicine, but also that they are criminally liable if their children are harmed due to lack of treatment.

Just as it is the state's duty to step in when naturalist parents are refusing insulin to their diabetic son or antibiotics to their daughter sick with meningitis, so is it the state's duty to step in when the parents of gender dysphoric children are avoiding medically-recommended treatment. Whatever genuine mistrust parents might have of traditional treatment for gender dysphoria, as soon as their behavior threatens serious and irreversible harm to their child (and we can reliably identify as much), the state has a duty to intervene and protect the child. In this circumstance, this duty entails legally mandating that transgender children have a right to puberty-blockers.

Let us consider what would happen if my criteria that justifies state action regarding transgender children and PBT would have implications for other cases. There are a number of conditions and activities, after all, that might put a child at risk of serious and irreversible harm. A few examples are refusing to give children certain vaccinations (consider HPV) or even refusing to spend quality-time with a child. There are two replies to those worried about the implications of my view. The first is that I am only advocating that the state take action if there is clear evidence that a youth faces a high risk of irreversible, serious, harm. Depending on what potential harm is at issue, the risk might be low, or we might lack proper evidence, or the harm might not be serious. Any one of the aforementioned (low risk, lack of evidence, lack of seriousness) justify the state staying out of parental affairs. However, supposing all of these conditions are meet (serious harm, high likelihood, evidence), state intervention seems a blessing rather than a curse. Why would anyone want children to be at serious risk of irreversible harm? While state intervention into parental authority must be justified, when it is justified, it is an ethically positive rather than negative state of affairs.

5.2 Putting rights into practice

For the sake of argument, suppose we have determined that transgender children have a right to PBT and the state has a duty to help enforce this right. How exactly, one might wonder, should the state intervene? Given that we are indeed entering new terrain when it comes to the state protecting children from psychological harm, it is important that the state not be perceived to be overstepping certain boundaries. If this interference is viewed as an unreasonable government intrusion, it might negatively influence the chances that the state could ever play a role in psychologically protecting minor children. For these reasons, the children themselves have an important part to play as a self-advocate.

The first step is for transgender children to seek help outside of the home. This could be possible to facilitate at school (as the next section argues), privately funded public health clinics

like Planned Parenthood, or publically funded health clinics. A healthcare worker can then counsel the child through the process of applying for PBT, a process which adolescents should be allowed to conduct without parental permission. At some point in the process, perhaps the parents would be notified that their child is seeking this type of treatment and has a right to receive it. Parental notification has its pluses and minuses. In this particular situation, not notifying might result in confusion from parents who notice their child is not going through the normal puberty process. Notification would also open the door to therapy for child and parents together. Lastly, notification would likely make mandatory PBT easier to pass by legislatures. On the other hand, some children might face serious harm if parents are notified, and the risk of harm might be a reason to have an exception to any notification demands, if we are to have them at all.

There are many variations of the scenario I just described, and it requires a separate paper to discuss the specific details at length. Notwithstanding, what matters is that transgender children may apply for PBT in a way that makes them feel safe and empowered. One way to make the process easier is to have a state-sponsored website where a transgender child could apply for both a health mentor and puberty-blocking treatment. Another way is to have applicable services available in public schools. And this is the topic of the next section.

6. Spreading the Word and the Role of Schools

Even if we come to agreement regarding the right of transgender children to receive PBT, that is just one step of the process. The other is some sort of collective effort to articulate and publicize a public conception of transgender identity and the relevant recommended treatment for those seeking to transition. There are many moral reasons, of course, to support this second step of the process. But for the purposes of this essay, the primary reason is to facilitate transgender adolescents understanding of who they are and what medical interventions are available to help. It is only once adolescents understand this that they can seek PBT. Moreover, the less supportive

their parents, the less likely the youth fully understands what it means to be transgender. Because of religious beliefs, parents might not allow their children to express their gender identity. Given the harm that can befall transgender young persons without proper information, there is a moral duty for all of us to help communicate the issue and a duty for the state to make efforts to protect this vulnerable population.

The best place to provide information about gender identity and treatment for transgender adolescents is public schools. The reasons are both pragmatic and moral. The pragmatic justification is that there is perhaps no other place where such a large number of children are gathered together. It has already been accepted that schools have a role to play in youth healthcare. Schools are commonly where children are screened for eye problems, scoliosis, and hearing issues. In addition, schools are places of learning: what it means to be transgender and potential treatment is just one more thing to learn. The most obvious place to include this lesson is part of sex education. Earlier lessons are also a good idea. But a refresher course that begins around the same time as sexual education is the perfect place to teach about PBT. Sexual education, after all, usually occurs right before most children start puberty.

For children who lack supportive homes, a lesson at school is not enough. If these adolescents asked their parents for PBT, the parents would likely refuse. Thus, each school should have a trusted counselor, with whom students know they can discuss gender dysphoria issues (and schools already should have a counselor trained to assist with the various psychological problems that arise with adolescents) (Levine, p.308, 2013).Lastly, whether it be directly connected to the school or not, advocates for transgender children should be publicly provided. Adolescents are unlikely to be resourceful enough to confront and negotiate with unsupportive parents themselves. They need help, not only with receiving the puberty-blockers, but with counseling and emotional support. These children, after all, will likely be experiencing a tough situation at home going against their parents' wishes. Hence, for children who do

proceed with PBT sans parental approval, a support system should be in place to help these children through an emotionally difficult situation.

Obviously, not all minors attend public school. In fact, one might argue that children with less supportive parents are more likely to attend a private religious school. As such, much of the effort to inform other families will need to be performed by private persons and organizations, perhaps through websites, videos, and testimonials from transgender youth and their families. Indeed, these types of activities are already fostering greater public awareness (Craig et al., 20014; Mehra et al., 2004, and Land, 2016). We should hope that transgender children will take initiative and search for information online. Yet there still remains a small but important role for the state. Large cities with sufficient budgets could and should fund either healthcare centers for transgender youth, or to integrate healthcare services at existing community health centers. Such healthcare services can offer free information about PBT and other issues relevant to transgender healthcare. Counselors could be available to talk to those who need help. Public service announcements can broadcast over the internet, television, and radio. Consider that today very few people are unaware of the dangers of smoking. Public service information campaigns played an important role in public awareness and helping smokers quit (Siegel and Biener, 2000; Warner, 1977; Wakefield et al., 2008, and Brook, 2004). Young persons are often savvier than we think, and many (but not all) are likely to find their way. It is impossible to inform everyone, but the state has an obligation to make reasonable efforts to help those minors who are not yet of age to fully help themselves.

7. Objections and How to Answer Them

Here I respond in detail to two objections that I suspect will be common lines of argument against my proposal. (Such suspicions are based on discussions with academics, physicians, therapists, and lay persons.)

7.1 Parental rights to raise their children

One objection to my proposal is simply a concern about the intrusion it imposes on the autonomy of the family. Imagine that parents have religious values against children expressing transgender dress and behavior. Are not parents allowed to raise their kids according to their own religious values? And if so, how can I argue that parents must be forced not only to accept, but to facilitate, transition?

The mistake here is in thinking that parents have rights to raise their children according to their religious values, *full stop*. Like nearly all rights, the right of parents to raise children according to their own values is not absolute. Rather, parents have such authority up and until the point at which a given decision or practice threatens serious harm. According to some religious sects, after all, girls who are raped should be put to death. Obviously, parents have no right to do this regardless of whether doing so accords with their religion. Requiring that transgender adolescents have access to PBT is simply an instance of preventing parents from imposing harmful values against their children's will. The reason we may be disinclined to see things this way is that (1) much of the harm is psychological, and (2) some of the harm will occur in the future. But when we think about it, neither of these are sufficient grounds. The first reverts back to our bias that physical harm is worse than psychological (even though the latter often leads to death via suicide), while the second is ethically irrelevant. A parent who encouraged their toddler to smoke would be abusing the child, even if the harmful effects would not be present for decades to come.

7.2 Funding issues

The legal right to PBT is not the only barrier that transgender youth face in accessing PBT. How to pay for it is another issue (Khan 2011; Reisner et al., 2015 and 2014; Macapagal et al.; 2016, and Shipherd et al., 2010). Some transgender adolescents with non-supportive parents have insurance that would cover PBT, others do not(Baker 2015; Stevens et al., 2015; Khan 2011 and Stroumsa 2014). Some reside in states where PBT treatment would be covered via state-

sponsored healthcare schemes, others do not (Green, 2014; Sheets 2014; Reisner et al., 2015). Still other transgender teens would have access to charitable sources to pay for PBT while others would lack this option (Wylie, 2016).Regardless, even if transgender adolescents have the legal right to seek PBT without parental permission, it does not follow that they would be able to access PBT. It might sadly be the case that a transgender adolescent has no means of funding expensive PBT treatment.

While I acknowledge funding PBT is an important issue, it is simply a separate issue from the one addressed in this paper. If funding was available to all transgender youth who desired PBT, transgender youth without supportive parents would still lack the treatment they need. Parental permission and funding are two separate obstacles that transgender youth face in receiving PBT. Because they are separate obstacles, (i.e. these obstacles are not conceptually linked: adolescents can run into one obstacle but not the other) they require distinct scholarly investigations. This paper attempts to fill a distinct gap in the literature while in no way minimizing the importance of tackling healthcare funding for transgender youth.

7.3 Why not take it further?

I have argued for a rather narrow proposition – namely, that transgender adolescents have a right to PBT without parental approval. I have also argued that the state should play a role in providing information to transgender youth who might not have supportive families. Some might think I should go further and argue, for instance, that transgender youth should be able to get cross-sex hormone-treatment without parental approval or that young children should be able to dress in accordance with their gender identification. Let me start with the latter first. It is important to keep the reach of the law to what it can enforce. Having unenforceable laws creates a false sense of security. It is also important to not overuse the power of the state since laws that help a just cause can quickly lead to other laws which work against it. I worry that trying to legally enforce how parents allow transgender children to dress is

unenforceable, or if enforced, would stretch the appropriate powers of the state. Another concern with such regulation is that the harms imposed do not threaten the same irreversibility as the absence of PBT. Once an adolescent turns 18, they may dress as they wish. Being forced to dress a certain way as a youth does not impair their ability to dress as one wants as an adult. With PBT, however, the absence of this treatment not only has consequences for the youth's body while they are a youth, but also when they are an adult. The feasibility concerns, alongside the lack of permanent harm, explains why it is a mistake for the state to enforce a dress code, but apt to enforce PBT. There remains the potential, of course, for scholars to argue otherwise. Yet for the purposes of this paper, the ethical reach is constrained to a few issues that can currently be advocated with confidence.

Unlike enforcing dress requirements, requiring that underage transgender teens have a right to cross-sex treatment is plausibly enforceable. Yet I restrain my paper to arguing only for PBT latter for a few reasons. I want to make the strongest argument I can in favor of something that can have a real impact in the life of marginalized young persons. My argument for PBT is stronger than any argument for cross-sex hormones might be. Hence, I want to devote a paper entirely to making this strong case, without the risk that other issues bring my whole argument into doubt.

The case for PBT is stronger than cross-sex hormones for a few reasons. First, cross-sex hormones (unlike PBT) induce irreversible changes (Coleman et al., 2017). It is more plausible to argue that minors should have access to reversible treatment than treatment that causes permanent changes. Second, as mentioned, in many parts of the world, minors reach the medical age of consent, or even the full age of majority, at 16 or younger, which is already the recommended age to begin cross-sex hormone-treatment (De Vries and Cohen-Kettenis, 2016, and Hembree, 2009).

8. Review and Concluding Remarks

This paper argued that (1): transgender adolescents should have the legal right to access puberty-blocking treatment (PBT) without parental approval; and (2), the state has a role to play in publicizing information about gender dysphoria, appropriate treatment, and leading gender dysphoric youth to appropriate healthcare resources. First let me review my main argument for the former. There is now well-documented evidence that transgender youth who lack access to PBT suffer both physically and emotionally (Coleman et al., p.178, 2012; Olson et al., 2016; Gorin-Lazard et al., 2012; and De Vries et al., 2014). Emotional harm can be long term, and might even result in suicide (Haas et al., 2010). Certain physical changes which transgender youth experience during puberty are irreversible (Bauer et al., 2015; Brill and Pepper, 2008; Burgess 1999; Cohen-Kettenis et a., 2008; De Vries et al., 2012 and 2014; Delemarre-van de Waal et a., 2006 and Krieger 2011 and Zucker 2012). For the transgender person these permanent physical changes are harms that prevent one from living a satisfying life (Burgress 1999; Cohen-Kettenis et al., 2011; De Vries et al. and 2014; Frisch 2014). In addition, transgender youth who lack support in the home are at an unusually high risk of homelessness, and might even end up seeking PBT through non-medically secure fashions (Burgess, 1999; Seaton, 2017, Keuroghlian et al., 2014, and Durso and Gates, 2012 ; Garofalo et al., 2006; Clark et al., 2008; Schmid et al., 2008, and Rosioreanu et al., 2004).

Not only are transgender youth harmed psychologically and physically via lack of access to PBT, but PBT is an established standard of care. Given that we generally think that parental authority should not go so far as to, (1) severely and permanently harm a child, and (2) prevent a child from access to standard physical care, then it follows that parental authority should not encompass denying gender dysphoric children access to PBT.

Implementing the above policy only is half the battle. Transgender youth without supportive parents are not helped unless they access healthcare clinics and counseling that will help with the transition. Hence there is an additional duty of the state to help facilitate sharing

this information with vulnerable youths. I argued that one of the first places this should be done is in public schools. In addition, information should be available at publicly funded health clinics.

While it is implausible that the state will stop all forms of parental abuse, especially all forms of psychological abuse, transgender youth seeking puberty-blocking treatment is a special case. It is special because the need for the treatment and the treatment itself are identifiable and accessible, respectively. As such, it is sensible and legitimate for the state to take action via legislation. More specifically, the law should clearly state that transgender youth (after having meet appropriate diagnostic criteria) have a legal right to PBT regardless of parental approval. In addition to these legal parameters, the state should play a role in publicizing information about gender dysphoria and treatment via public schools, government sponsored websites, and public service announcements.

References

AAP. "With Suicide Now Teens' Second Leading Cause of Death Pediatricians Urged to Ask About its Risks." American Academy of Pediatrics. June 27, 2016. Accessed November 21, 2017. https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/With-suicide-Now-Teens%E2%80%99-Second-Leading-Cause-of-Death-Pediatricians-Urged-to-Ask-About-its-Risks.aspx.

Andrews, Arin, and Joshua Lyon. *Some Assembly Required: The Not-so-secret Life of a Transgender Teen*. New York: Simon & Schuster BFYR, 2015

Auslander, Wendy F., J. Curtis McMillen, Diane Elze, Ron Thompson, Melissa Jonson-Reid, and Arlene Stiffman. "Mental health problems and sexual abuse among adolescents in foster care: Relationship to HIV risk behaviors and intentions." *AIDS and Behavior* 6, no. 4 (2002): 351-359.

Baker, Kellan E. "The future of transgender coverage." *New England Journal of Medicine* 376, no. 19 (2017): 1801-1804.

Bauer, Greta R., Ayden I. Scheim, Jake Pyne, Robb Travers, and Rebecca Hammond. "Intervenable factors associated with suicide risk in transgender persons: a respondent driven sampling study in Ontario, Canada." *BMC public health* 15, no. 1 (2015): 525.

Breslau, Joshua, Michael Lane, Nancy Sampson, and Ronald C. Kessler. "Mental disorders and subsequent educational attainment in a US national sample." *Journal of psychiatric research* 42, no. 9 (2008): 708-716.

Brill, Stephanie A., and Rachel Pepper. *The Transgender Child: A Handbook for Families and Professionals*. San Francisco, CA: Cleis, 2008

Brook, Stephen. "Anti-smoking Ads Help 1 Million Quit." The Guardian. November 03, 2004. Accessed December 04, 2017. https://www.theguardian.com/media/2004/nov/03/advertising.society.

"Brown v. Board of Education of Topeka, 347 U.S. 483 (1954)." Justia Law. Accessed November 26, 2017. https://supreme.justia.com/cases/federal/us/347/483/case.html.

Burgess, Christian. "Internal and external stress factors associated with the identity development of transgendered youth." *Journal of Gay & Lesbian Social Services* 10, no. 3-4 (1999): 35-47.

Carroll, Maureen. "Transgender Youth, Adolescent Decision Making, and Roper v. Simmons." *UCLA L. Rev.* 56 (2008): 725.

CDC. "Lesbian, Gay, Bisexual, and Transgender Health." Centers for Disease Control and Prevention. June 21, 2017. Accessed November 22, 2017. https://www.cdc.gov/lgbthealth/youth.htm.

Chorley, Matt. "'Cinderella Law' to Stop Emotional Abuse of Children: Parents Who Fail to Show Love Could Face Prison." Daily Mail Online. March 31, 2014. Accessed November 23, 2017. http://www.dailymail.co.uk/news/article-2593042/Cinderella-Law-stop-emotional-abuse-children-Parents-fail-love-face-prison.html.

Clark, Richard F., F. Lee Cantrell, Adam Pacal, William Chen, and David P. Betten. "Subcutaneous silicone injection leading to multi-system organ failure." *Clinical Toxicology* 46, no. 9 (2008): 834-837.

Cohen-Kettenis, Peggy T., Henriette A. Delemarre-van de Waal, and Louis JG Gooren. "The treatment of adolescent transsexuals: changing insights." *The journal of sexual medicine* 5, no. 8 (2008): 1892-1897.

Cohen-Kettenis, Peggy T., Sebastiaan EE Schagen, Thomas D. Steensma, Annelou LC de Vries, and Henriette A. Delemarre-van de Waal. "Puberty suppression in a gender-dysphoric adolescent: A 22-year follow-up." *Archives of sexual behavior* 40, no. 4 (2011): 843-847.

Coleman, Doriane Lambelet, and Philip M. Rosoff. "The legal authority of mature minors to consent to general medical treatment." *Pediatrics* 131, no. 4 (2013): 786-793.

Coleman, Eli, Walter Bockting, Marsha Botzer, Peggy Cohen-Kettenis, Griet DeCuypere, Jamie Feldman, Lin Fraser et al. "Standards of care for the health of transsexual, transgender, and gender-nonconforming people, version 7." *International Journal of Transgenderism* 13, no. 4 (2012): 165-232

Craig, Shelley L., Lauren McInroy, Lance T. McCready, and Ramona Alaggia. "Media: A catalyst for resilience in lesbian, gay, bisexual, transgender, and queer youth." *Journal of LGBT Youth* 12, no. 3 (2015): 254-275.

Delemarre-van de Waal, Henriette A., and Peggy T. Cohen-Kettenis. "Clinical management of gender identity disorder in adolescents: a protocol on psychological and paediatric endocrinology aspects." *European Journal of Endocrinology* 155, no. suppl 1 (2006): S131-S137.

Dembroff, Robin, and Daniel Wodak. "He/She/They/Ze." *Ergo*, an Open Access Journal of Philosophy 5 (2018).

De Vries, Annelou, and Peggy Cohen-Kettenis. "Gender Dysphroia in Children and Adolescents." Edited by Randi Ettner, Stan Monstery, and Eli Coleman. In *Principles of Transgender Medicine and Surgery*. Frankfurt Am Main: Taylor & Francis, 2016.

De Vries, Annelou LC, Jenifer K. McGuire, Thomas D. Steensma, Eva CF Wagenaar, Theo AH Doreleijers, and Peggy T. Cohen-Kettenis. "Young adult psychological outcome after puberty suppression and gender reassignment." *Pediatrics* 134, no. 4 (2014): 696-704.

De Vries, Annelou LC, and Peggy T. Cohen-Kettenis. "Clinical management of gender dysphoria in children and adolescents: the Dutch approach." *Journal of homosexuality* 59, no. 3 (2012): 301-320.

Drummond, Kelley D., Susan J. Bradley, Michele Peterson-Badali, and Kenneth J. Zucker. "A follow-up study of girls with gender identity disorder." *Developmental psychology* 44, no. 1 (2008): 34.

Durso, Laura E., and Gary J. Gates. "Serving our youth: Findings from a national survey of services providers working with lesbian, gay, bisexual and transgender youth who are homeless or at risk of becoming homeless." (2012).

Ehrensaft, Diane, Shawn V. Giammattei, Kelly Storck, Amy C. Tishelman, and Colton Keo-Meier. "Prepubertal social gender transitions: What we know; what we can learn—A view from a gender affirmative lens." *International Journal of Transgenderism* (2018): 1-18.

Hembree, Wylie C., Peggy Cohen-Kettenis, Henriette A. Delemarre-Van De Waal, Louis J. Gooren, Walter J. Meyer III, Norman P. Spack, Vin Tangpricha, and Victor M. Montori. "Endocrine treatment of transsexual persons: an Endocrine Society clinical practice guideline." *The Journal of Clinical Endocrinology & Metabolism* 94, no. 9 (2009): 3132-3154.

Olson, Kristina R., Lily Durwood, Madeleine DeMeules, and Katie A. McLaughlin. "Mental health of transgender children who are supported in their identities." *Pediatrics* (2016): peds-2015.

Olson, Kristina R. "Prepubescent transgender children: What we do and do not know." *Journal of the American Academy of Child & Adolescent Psychiatry* 55, no. 3 (2016): 155-156.

Pyne, J. "Health and wellbeing among gender independent children: A critical review of the literature." *Supporting transgender and gender creative youth: Schools, families, and communities in action*. New York: Peter Lang (2014).

Eleftheriou-Smith, Loulla-Mae. "Couple Guilty over Son's Death after Giving Him Maple Syrup and Garlic to Cure Meningitis." The Independent. April 27, 2016. Accessed November 27, 2017. http://www.independent.co.uk/news/world/americas/parents-found-guilty-of-letting-baby-son-die-of-meningitis-a7003866.html.

Ettner, Randi, Stan Monstrey, and Eli Coleman, eds. *Principles of Transgender Medicine and Surgery*. Second ed. Frankfurt Am Main: Taylor & Francis, 2016.

Fergusson, David M., Joseph M. Boden, and L. John Horwood. "Recurrence of major depression in adolescence and early adulthood, and later mental health, educational and economic outcomes." *The British Journal of Psychiatry* 191, no. 4 (2007): 335-342.

Fletcher, Jason M. "Adolescent depression: diagnosis, treatment, and educational attainment." *Health economics* 17, no. 11 (2008): 1215-1235.

Fowler, Patrick J., Paul A. Toro, and Bart W. Miles. "Pathways to and from homelessness and associated psychosocial outcomes among adolescents leaving the foster care system." *American Journal of Public Health* 99, no. 8 (2009): 1453-1458.

Frisch, Ian. "Transgender Women Are Heading to South Korea for Vocal Surgery." Bloomberg.com. July 25, 2016. Accessed November 22, 2017. https://www.bloomberg.com/features/2016-voice-feminization/

Fröjd, Sari A., Eeva S. Nissinen, Mirjami UI Pelkonen, Mauri J. Marttunen, Anna-Maija Koivisto, and Riittakerttu Kaltiala-Heino. "Depression and school performance in middle adolescent boys and girls." *Journal of adolescence* 31, no. 4 (2008): 485-498.

Garofalo, Robert, Joanne Deleon, Elizabeth Osmer, Mary Doll, and Gary W. Harper. "Overlooked, misunderstood and at-risk: Exploring the lives and HIV risk of ethnic minority male-to-female transgender youth." *Journal of Adolescent Health* 38, no. 3 (2006): 230-236.

Glew, Gwen M., Ming-Yu Fan, Wayne Katon, Frederick P. Rivara, and Mary A. Kernic. "Bullying, psychosocial adjustment, and academic performance in elementary school." *Archives of pediatrics & adolescent medicine* 159, no. 11 (2005): 1026-1031.

Gorin-Lazard, Audrey, Karine Baumstarck, Laurent Boyer, Aurélie Maquigneau, Stéphanie Gebleux, Jean-Claude Penochet, Dominique Pringuey et al. "Is hormonal therapy associated with better quality of life in transsexuals? A cross-sectional study." *The journal of sexual medicine* 9, no. 2 (2012): 531-541.

Green, Jamison. "Transsexual surgery may be covered by Medicare." *LGBT health* 1, no. 4 (2014): 256-258.

Guichon, Juliet, and Ian Mitchell. "Medical emergencies in children of orthodox Jehovah's Witness families: Three recent legal cases, ethical issues and proposals for management." *Paediatrics & child health* 11, no. 10 (2006): 655-658.

Haas, Ann P., Mickey Eliason, Vickie M. Mays, Robin M. Mathy, Susan D. Cochran, Anthony R. D'Augelli, Morton M. Silverman et al. "Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: Review and recommendations." *Journal of homosexuality* 58, no. 1 (2010): 10-51.

Higgins, Marissa. "LBGT Students Are Not Safe at School." The Atlantic. October 18, 2016. Accessed November 22, 2017.

https://www.theatlantic.com/education/archive/2016/10/school-is-still-not-safe-for-lgbt-students/504368/.

Jonas, Bruce S., Qiuping Gu, and Juan R. Albertorio-Diaz. "Psychotropic medication use among adolescents: United States, 2005-2010." *NCHS data brief* 135 (2013): 1-8.

Khan, Liza. "Transgender health at the crossroads: legal norms, insurance markets, and the threat of healthcare reform." *Yale J. Health Pol'y L. & Ethics* 11 (2011): 375.

"Kids Pay the Price." Movement Advancement Project | Conversion Therapy Laws. Accessed October 29, 2017. http://www.lgbtmap.org/equality-maps/conversion_therapy.

Krieger, Irwin. *Helping Your Transgender Teen: A Guide for Parents*. London: Jessica Kingsley Publishers, 2011.

Land, Abbe. "Recognizing Transgender Awareness Week." The Huffington Post. November 19, 2014. Accessed November 27, 2017. https://www.huffingtonpost.com/abbe-land/recognizing-transgender-awareness-week_b_6188542.html.

Leathers, Sonya J. "Placement disruption and negative placement outcomes among adolescents in long-term foster care: The role of behavior problems." *Child abuse & neglect* 30, no. 3 (2006): 307-324.

Levine, David A. "Office-based care for lesbian, gay, bisexual, transgender, and questioning youth." *Pediatrics* 132, no. 1 (2013): e297-e313.

Locke, John, and Richard Howard Cox. *Second Treatise of Government*. Arlington Hei Mehra, Bharat, Cecelia Merkel, and Ann Peterson Bishop. "The internet for empowerment of minority and marginalized users." *New media & society* 6, no. 6 (2004): 781-802. ghts, IL: H. Davidson, 1982.

Macapagal, Kathryn, Ramona Bhatia, and George J. Greene. "Differences in healthcare access, use, and experiences within a community sample of racially diverse lesbian, gay, bisexual, transgender, and questioning emerging adults." *LGBT health* 3, no. 6 (2016): 434-442.

Mckenzie, Katherine, and Robin Dembroff. "He, She, They: Pediatricians Should Ask Kids About Gender Identity." Broad Jurisdiction Of U.S. Border Patrol Raises Concerns About Racial Profiling | WBUR News. May 2, 2018. Accessed May 31, 2018. http://www.wbur.org/cognoscenti/2018/05/02/gender-atypical-youth-health-robin-dembroff-katherine-mckenzie.

Miller, Michael E. "A Toddler Got Meningitis. His Anti-vac Parents Gave Him an Herbal Remedy. The Toddler Died. Now His Parents Are on Trial." The Washington Post. March 18, 2016. Accessed November 27, 2017. https://www.washingtonpost.com/news/morning-mix/wp/2016/03/18/a-toddler-got-meningitis-his-anti-vac-parents-gave-him-an-herbal-remedy-the-toddler-died-now-his-parents-are-on-trial/?utm_term=.ee04f24d76cf.

Murad, Mohammad Hassan, Mohamed B. Elamin, Magaly Zumaeta Garcia, Rebecca J. Mullan, Ayman Murad, Patricia J. Erwin, and Victor M. Montori. "Hormonal therapy and sex reassignment: A systematic review and meta-analysis of quality of life and psychosocial outcomes." *Clinical endocrinology* 72, no. 2 (2010): 214-231.

Needham, Belinda L. "Adolescent depressive symptomatology and young adult educational attainment: an examination of gender differences." *Journal of Adolescent Health* 45, no. 2 (2009): 179-186.

Neerukonda, Kavitha V. "Choosing alternative treatments for children." *Virtual Mentor* 13, no. 6 (2011): 369.

Nutt, Amy Ellis. *Becoming Nicole*. Bloomsbury: Atlantic Books, 2017

Olson, Kristina R., Lily Durwood, Madeleine DeMeules, and Katie A. McLaughlin. "Mental health of transgender children who are supported in their identities." *Pediatrics* (2016): peds-2015.

Owens, Matthew, Jim Stevenson, Julie A. Hadwin, and Roger Norgate. "Anxiety and depression in academic performance: An exploration of the mediating factors of worry and working memory." *School Psychology International* 33, no. 4 (2012): 433-449.

Palmert, Mark R., and Leo Dunkel. "Delayed puberty." *New England Journal of Medicine* 366, no. 5 (2012): 443-453.

Peitzmeier, Sarah, Ivy Gardner, Jamie Weinand, Alexandra Corbet, and Kimberlynn Acevedo. "Health impact of chest binding among transgender adults: a community-engaged, cross-sectional study." *Culture, health & sexuality* 19, no. 1 (2017): 64-75.

Plato, and Alan Jacobs. *Plato's Republic*. London: Watkins, 2009.

“Prince v. Massachusetts.” *LII / Legal Information Institute*, www.law.cornell.edu/supremecourt/text/321/158.

Pilowsky, Daniel J., and Li-Tzy Wu. "Psychiatric symptoms and substance use disorders in a nationally representative sample of American adolescents involved with foster care." *Journal of Adolescent Health* 38, no. 4 (2006): 351-358.

Reisner, Sari L., Judith Bradford, Ruben Hopwood, Alex Gonzalez, Harvey Makadon, David Todisco, Timothy Cavanaugh et al. "Comprehensive transgender healthcare: the gender affirming clinical and public health model of Fenway Health." *Journal of Urban Health* 92, no. 3 (2015): 584-592.

Reisner, Sari L., Jaclyn M. White, Judith B. Bradford, and Matthew J. Mimiaga. "Transgender health disparities: comparing full cohort and nested matched-pair study designs in a community health center." *LGBT health* 1, no. 3 (2014): 177-184.

Rettew, David. "Apples to Committee Consensus: The Challenge of Gender Identity Classification." In *Treating Transgender Children and Adolescents: An Interdisciplinary Discussion*, edited by Jack Drescher and William Byne. New York: Routledge, 2014.

Press Association. "Judge Rules Jehovah's Witness Boy Can Receive Blood Transfusion." The Guardian. December 08, 2014. Accessed December 05, 2017. https://www.theguardian.com/world/2014/dec/08/judge-rules-jehovahs-witness-boy-blood-transfusion.

Reisner, Sari L., Judith Bradford, Ruben Hopwood, Alex Gonzalez, Harvey Makadon, David Todisco, Timothy Cavanaugh et al. "Comprehensive transgender healthcare: the gender affirming clinical and public health model of Fenway Health." *Journal of Urban Health* 92, no. 3 (2015): 584-592.

Rosioreanu, Alex, Geraldine T. Brusca-Augello, Qanta AA Ahmed, and Douglas S. Katz. "CT visualization of silicone-related pneumonitis in a transsexual man." *American Journal of Roentgenology* 183, no. 1 (2004): 248-249.

Schmid, Andreas, Assaf Tzur, Lidiya Leshko, and Bruce P. Krieger. "Silicone embolism syndrome: a case report, review of the literature, and comparison with fat embolism syndrome." *CHEST Journal* 127, no. 6 (2005): 2276-2281.

Schneider, Shari Kessel, Lydia O'donnell, Ann Stueve, and Robert WS Coulter. "Cyberbullying, school bullying, and psychological distress: A regional census of high school students." *American journal of public health* 102, no. 1 (2012): 171-177.

Sedlmeyer, Ines L., and Mark R. Palmert. "Delayed puberty: analysis of a large case series from an academic center." *The Journal of Clinical Endocrinology & Metabolism* 87, no. 4 (2002): 1613-1620.

Selva, Karin. "PBT and Puberty Inhibitors." TransActive Gender Center. Accessed December 05, 2017. https://www.transactiveonline.org/resources/youth/puberty-blockers.php.

Serano, Julia. "Detransition, Desistance, and Disinformation: A Guide for Understanding Transgender Children..." *Medium*, Augmenting Humanity, 2 Aug. 2016, medium.com/@juliaserano/detransition-desistance-and-disinformation-a-guide-for-understanding-transgender-children-993b7342946e.

Sheets, Debra. "Transgender Tuesdays: A Clinic in the Tenderloin, by Mark Freeman." *Journal of gerontological social work* 57, no. 2-4 (2014): 413-415.

Shipherd, Jillian C., Kelly E. Green, and Sarah Abramovitz. "Transgender clients: Identifying and minimizing barriers to mental health treatment." *Journal of Gay & Lesbian Mental Health* 14, no. 2 (2010): 94-108.

Siegel, Michael, and Lois Biener. "The impact of an antismoking media campaign on progression to established smoking: results of a longitudinal youth study." *American Journal of Public Health* 90, no. 3 (2000): 380.

"Specific State Laws Against Bullying." Findlaw. Accessed October 29, 2017. http://education.findlaw.com/student-conduct-and-discipline/specific-state-laws-against-bullying.html.

Spinazzola, Joseph, Hilary Hodgdon, Li-Jung Liang, Julian D. Ford, Christopher M. Layne, Robert Pynoos, Ernestine C. Briggs, Bradley Stolbach, and Cassandra Kisiel. "Unseen wounds: The contribution of psychological maltreatment to child and adolescent mental health and risk outcomes." *Psychological Trauma: Theory, Research, Practice, and Policy* 6, no. S1 (2014): S18.

Steensma, Thomas D., and Peggy T. Cohen-Kettenis. "A critical commentary on follow-up studies and "desistence" theories about transgender and gender non-conforming children." *International Journal of Transgenderism* (2018): 1-6.

Steensma, Thomas D., Roeline Biemond, Fijgje de Boer, and Peggy T. Cohen-Kettenis. "Desisting and persisting gender dysphoria after childhood: A qualitative follow-up study." *Clinical child psychology and psychiatry* 16, no. 4 (2011): 499-516.

Steensma, Thomas D., Jenifer K. McGuire, Baudewijntje PC Kreukels, Anneke J. Beekman, and Peggy T. Cohen-Kettenis. "Factors associated with desistence and persistence of childhood gender dysphoria: a quantitative follow-up study." *Journal of the American Academy of Child & Adolescent Psychiatry* 52, no. 6 (2013): 582-590.

Stevens, Jaime, Veronica Gomez-Lobo, and Elyse Pine-Twaddell. "Insurance coverage of puberty blocker therapies for transgender youth." *Pediatrics* 136, no. 6 (2015): 1029-1031.

Stroumsa, Daphna. "The state of transgender health care: policy, law, and medical frameworks." *American journal of public health* 104, no. 3 (2014): e31-e38.

Tannehill, Brynn. "The Truth About Transgender Suicide." The Huffington Post. November 14, 2015. Accessed December 04, 2017. https://www.huffingtonpost.com/brynn-tannehill/the-truth-about-transgend_b_8564834.html.

Taylor, Chris. "Doing the Transgender Math: The Costs of Transition." Reuters. October 29, 2015. Accessed November 27, 2017. https://www.reuters.com/article/us-transgender-costs/doing-the-transgender-math-the-costs-of-transition-idUSKCN0SN1UA20151029.

Temple Newhook, Julia, Jake Pyne, Kelley Winters, Stephen Feder, Cindy Holmes, Jemma Tosh, Mari-Lynne Sinnott, Ally Jamieson, and Sarah Pickett. "A critical commentary on follow-up studies and “desistance” theories about transgender and gender-nonconforming children." *International Journal of Transgenderism* (2018): 1-13.

Traggiai, Cristina, and Richard Stanhope. "Delayed puberty." *Best practice & research Clinical endocrinology & metabolism* 16, no. 1 (2002): 139-151.

Travers, Robb, Greta Bauer, and Jake Pyne. *Impacts of strong parental support for trans youth: A report prepared for Children's Aid Society of Toronto and Delisle Youth Services*. Trans Pulse, 2012.

Tsjeng, Zing. "Inside the Landmark, Long Overdue Study on Chest Binding." Vice. September 28, 2016. Accessed December 05, 2017. https://broadly.vice.com/en_us/article/7xzpxx/chest-binding-health-project-inside-landmark-overdue-transgender-study.

Van Ameringen, Michael, Catherine Mancini, and Peter Farvolden. "The impact of anxiety disorders on educational achievement." *Journal of anxiety disorders* 17, no. 5 (2003): 561-571.

Wakefield, Melanie A., Sarah Durkin, Matthew J. Spittal, Mohammad Siahpush, Michelle Scollo, Julie A. Simpson, Simon Chapman, Victoria White, and David Hill. "Impact of tobacco control

policies and mass media campaigns on monthly adult smoking prevalence." *American journal of public health* 98, no. 8 (2008): 1443-1450.

Wall, John. *Children's Rights: Today's Global Challenge*. Lanham, MD: Rowman & Littlefield, 2017.

Wallien, Madeleine SC, and Peggy T. Cohen-Kettenis. "Psychosexual outcome of gender-dysphoric children." *Journal of the American Academy of Child & Adolescent Psychiatry* 47, no. 12 (2008): 1413-1423.

Watson, Ryan J., Jaimie F. Veale, and Elizabeth M. Saewyc. "Disordered eating behaviors among transgender youth: Probability profiles from risk and protective factors." *International journal of eating disorders* 50, no. 5 (2017): 515-522.

Warner, Kenneth E. "The effects of the anti-smoking campaign on cigarette consumption." *American journal of public health* 67, no. 7 (1977): 645-650.

Whittington, Hillary, and Kristine Gasbarre. *Raising Ryland: Our Story of Parenting a Transgender Child with No Strings Attached*. New York, NY: William Morrow, an Imprint of HarperCollinsPublishers, 2016.

Winters, Kelley. "Methodological questions in childhood gender identity 'desistence'research." In *23rd World Professional Association for Transgender Health Biennial Symposium*. 2014.

Woolley, Sarah. "Children of Jehovah's Witnesses and adolescent Jehovah's Witnesses: what are their rights?." *Archives of disease in childhood* 90, no. 7 (2005): 715-719.

Woods, Sarah B., Heather M. Farineau, and Lenore M. McWey. "Physical health, mental health, and behaviour problems among early adolescents in foster care." *Child: care, health and development* 39, no. 2 (2013): 220-227.

Wylie, Kevan, and Rebecca Wylie. "Supporting trans people in clinical practice." *Trends in Urology & Men's Health* 7, no. 6 (2016): 9-13.

Zucker, Kenneth J., Hayley Wood, Devita Singh, and Susan J. Bradley. "A developmental, biopsychosocial model for the treatment of children with gender identity disorder." *Journal of homosexuality* 59, no. 3 (2012): 369-397.

Zucker, Kenneth J. "The myth of persistence: Response to "A critical commentary on follow-up studies and 'desistance'theories about transgender and gender non-conforming children" by Temple Newhook et al.(2018)." *International Journal of Transgenderism* (2018): 1-15.

Mental Health of Transgender Children Who Are Supported in Their Identities

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abstract

OBJECTIVE: Transgender children who have socially transitioned, that is, who identify as the gender "opposite" their natal sex and are supported to live openly as that gender, are increasingly visible in society, yet we know nothing about their mental health. Previous work with children with gender identity disorder (GID; now termed gender dysphoria) has found remarkably high rates of anxiety and depression in these children. Here we examine, for the first time, mental health in a sample of socially transitioned transgender children.

METHODS: A community-based national sample of transgender, prepubescent children (n = 73, aged 3–12 years), along with control groups of nontransgender children in the same age range (n = 73 age- and gender-matched community controls; n = 49 sibling of transgender participants), were recruited as part of the TransYouth Project. Parents completed anxiety and depression measures.

RESULTS: Transgender children showed no elevations in depression and slightly elevated anxiety relative to population averages. They did not differ from the control groups on depression symptoms and had only marginally higher anxiety symptoms.

CONCLUSIONS: Socially transitioned transgender children who are supported in their gender identity have developmentally normative levels of depression and only minimal elevations in anxiety, suggesting that psychopathology is not inevitable within this group. Especially striking is the comparison with reports of children with GID; socially transitioned transgender children have notably lower rates of internalizing psychopathology than previously reported among children with GID living as their natal sex.

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WHAT'S KNOWN ON THIS SUBJECT: Transgender individuals have been found to have highly elevated rates of anxiety and depression, but little is known about the mental health of transgender children whose identities are affirmed and supported by their families.

WHAT THIS STUDY ADDS: More families are allowing their transgender children to live and present to others as their gender identity. This is the first study to examine mental health in these children, finding that they have low levels of anxiety and depression.

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National media are increasingly presenting stories of a subset of prepubescent transgender children (those who persistently, insistently, and consistently identify as the gender identity that is the "opposite" of their natal sex). More striking to many, a large number of these children have "socially transitioned": they are being raised and are presenting to others as their gender identity rather than their natal sex,[1–4] a reversible nonmedical intervention that involves changing the pronouns used to describe a child, as well as his or her name and (typically) hair length and clothing. These stories have sparked an international debate about whether parents of young transgender children should support their children's desire to live presenting as their gender identity.[5–9] Despite considerable and heated discussion on the topic, and despite these children's increasing appearance at gender clinics,[6] there have been no reports to date on the mental health of transgender children who have socially transitioned, forcing clinicians to make recommendations to parents without any systematic, empirical investigations of mental health among socially transitioned children.

Most studies of mental health among transgender people have examined adolescents and adults. These studies consistently report dramatically elevated rates of anxiety, depression, and suicidality among transgender people.[10–16] These elevated rates of psychopathology are likely the result of years of prejudice, discrimination, and stigma[11,17]; conflict between one's appearance and stated identity[18]; and general rejection by people in their social environments, including their families.[19,20] There is now growing evidence that social support is linked to better mental health outcomes among transgender adolescents and adults.[21–26] These findings suggest the possibility that social transitions in children, a form of affirmation and support by a prepubescent child's parents, could be associated with good mental health outcomes in transgender children.

Although there are no large studies of transgender prepubescent children, a number of studies have examined children who were at the time diagnosed with what was called gender identity disorder (GID), now termed gender dysphoria (GD; for more on both terms and others used throughout this article, see Table 1). The group of children diagnosed with GID likely included children who were transgender as well as others (eg, children who wished and acted but did not believe they were a member of the other gender and were distressed as a result). Importantly, most of the studies of children with GID/GD were conducted at a time when parental support and affirmation of children's gender nonconforming behaviors and identities were uncommon. In contrast, the current work focuses on what is likely a much narrower group of children, a small subset of the group that previously would have been diagnosed with GID: those who (1) identify as (not merely wish) they were the "opposite" gender as their sex at birth and (2) have socially transitioned so that they appear to others as the gender they feel, rather than that assumed by their sex at birth.

By and large, studies of children with GID reported high rates of psychopathology, especially internalizing disorders such as anxiety and depression[27–32]. For example, 36% of a group of 7- to 12-year-olds with GID reached the clinical range for internalizing problems.[33] Furthermore, 2 large studies of 6- to 11-year-olds with GID (including >100 children in Utrecht, the Netherlands, and 300 children in Toronto, Canada) found average internalizing scores in the clinical and preclinical range, respectively, suggesting that many children in both samples showed high levels of internalizing psychopathology. Some have argued that these high rates of internalizing psychopathology among children with GID/GD as a sign that GID/GD is itself a form or consequence of such psychopathology.[27]

In contrast, 2 smaller studies suggest that children whose gender identities are affirmed and supported have relatively good mental health. One study reported on 26 children aged 3 to 12 years with GID who were recruited through a clinic that advised parents to support their children's gender expression. These children showed reduced rates of psychopathology[34] compared with those reported in other studies conducted at clinics that do not support such gender expression.[35] However, this study has received some criticism for methodologic limitations[36] and had a small sample size. Furthermore, the degree to which these findings generalize to transgender children and especially to transgender children who have been allowed to fully socially transition, is unknown. In addition, a qualitative analysis of interviews of parents of 5 transgender children who had socially transitioned found that parents recalled a reduction in mental health problems after a social transition.[37] Although no formal quantitative measures were provided, these findings again suggest that socially supported transgender children might have better mental health than children with GD or transgender children who are not supported in their identities.

The current study addresses a critical gap in knowledge by examining parental reports of anxiety and depression among a relatively large cohort of transgender children, all of whom are supported by their families and have socially transitioned (ie, they present to others as the gender consistent with their identity, not

TABLE 1 Definitions of Terms

Term	Use in This Article	Other Uses, Terms, and Comments
Transgender	In this article, we use "transgender" to refer to children who have a binary identity (male or female) and for whom this identity is not aligned with their sex at birth. This means natal boys who identify as girls and natal girls who identify as boys. In our sample, these children have all socially transitioned as well.	"Transgender" is often used to mean a broader range of people—anyone whose gender identity does not align with his or her sex at birth. This categorization can include, for example, people who identify as male and female, neither male or female, or somewhere between male and female. The sample included in the current work does not include such children, hence our use of a narrower version of this term.
Social transition	This phrase is used to refer to a decision by a family to allow a child to begin to present, in all aspects of the child's life, with a gender presentation that aligns with the child's own sense of gender identity and that is the "opposite" of the gender assumed at the child's birth. Social transitions involve changes in the child's appearance (eg, hair, clothing), the pronoun used to refer to the child, and typically also a change in the child's name.	Social transitions are currently controversial in clinical psychology and psychiatry, but are increasingly being pursued by parents. More and more pediatricians, therapists, and teachers are supporting these transitions as well. Importantly, these transitions do not involve any medical, physiologic, or hormonal intervention.
Natal sex	We use this term to refer to the sex assigned by a physician at the child's birth. This phrase is meant as a synonym for "anatomical sex," "biological sex," or "sex assigned at birth."	The term "natal sex" is controversial, with many using the phrase "sex assigned at birth" instead. However, the latter term is still unfamiliar to many people with limited exposure to transgender individuals. Because this paper is aimed at reaching a broad audience of pediatric health professionals, we use the more commonly understood term "natal sex."
"Opposite" gender	We occasionally use the phrase "opposite" gender in this article when describing our sample of transgender children. Children whose gender is the "opposite" of their natal sex refers to natal boys who identify as girls and natal girls who identify as boys. Because the latter phrasing is longer and more awkward, we opted for the former.	This phrasing of "opposite" gender implies that gender is binary, when in fact it is not. There are many people who do not identify as male or female. We use this phrase because most readers will be more familiar with this terminology, and our goal is to reach a broad audience of pediatric health professionals.
Gender identity	We use this term to refer to a child's sense of his or her own gender. Although in most children, gender identity "aligns" with a child's natal sex, in transgender children, it does not.	Gender identity is often separated from gender presentation or gender expression (ie, the gender one appears to others as, or how a child expresses his or her gender identity). In this study, however, participants' gender identities align with their gender presentation/expressions because children have socially transitioned.
Gender Identity Disorder (GID)/Gender Dysphoria (GD)	Until 2014, GID was the official diagnosis given to children who had behavioral preferences and identities (or desires to be) the "other" gender. With the publication of the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, this diagnostic category was renamed gender dysphoria (GD) after substantial debate about whether this is or is not a "disorder."	The term GD describes a broader segment of the population than children qualifying as "transgender" for the current study. For example, a natal male who wishes to be a female, who behaves in accordance with female cultural stereotypes, and who has considerable concern about his identity but who does not believe he is female, would be diagnosed with GD but would not count as transgender in the current study.

their natal sex and use associated gender pronouns consistent with that identity). We focused on internalizing psychopathology because previous work indicates that transgender children are particularly likely to have internalizing, as opposed to externalizing, symptoms.[33,35] We compared these supported, transgender children's rates of anxiety and depression to their nontransgender siblings and to typically developing nontransgender children matched to transgender children on age and gender identity.

METHODS

This work, including recruitment and methods, was approved by the Institutional Review Board at the University of Washington.

Participants

To be included in this study, transgender children had to (1) identify as the gender "opposite" their natal sex in everyday life (ie, they identified as male or female, but not the gender that aligned with their sex at birth), (2) present in all contexts (eg, at school, in public) as that gender identity, (3) use the pronoun matching their gender rather than their natal sex, (4) be 3 to 12 years old, and (5) be prepubescent (ie, anyone eligible for hormone blockers was excluded from the present study). We recruited a national, community sample via support groups, conferences, a Web site advertised via media stories, and word of mouth. Our sample included 73 transgender children (M_{age} = 7.7 years; SD = 2.2 years; 22 natal females, 51 natal males;

TABLE 2 Sociodemographic Characteristics for Transgender and Nontransgender Children (n = 195)

	Transgender[a] (n = 73)	Controls[b] (n = 73)	Siblings[c] (n = 49)
Gender, %			
Male	30	30	61
Female	70	70	39
Natal boys[d]	70	30	61
Natal girls	30	70	39
Race/ethnicity			
White, non-Hispanic	70	71	76
Hispanic	8	5	10
Asian	6	4	2
Multiracial/other	16	19	12
Mean age, y	7.7 y	7.8 y	8.3 y
Age distribution, %			
3–5 y	30	30	22
6–8 y	40	37	37
9–12 y	30	33	41
Annual family income, %			
<$25 000	1	1	2
$25 001–$50 000	7	7	4
$50 001–$75 000	7	14	4
$75 001–$125 000	41	43	39
>$125 000	44	38	51

[a] Transgender children were all prepubescent and had socially transitioned.
[b] Controls were matched to transgender children for gender identity and age within 4 months.
[c] Siblings were the siblings who were closest in age to their transgender siblings.
[d] One natal male was diagnosed with a minor disorder of sex development, hypospadias, but consultation with endocrinologist indicated this condition is not associated with female identity.

70% white non-Hispanic) and included all consecutive cases run by our research group meeting these criteria, starting with the first for whom we had these measures.

In addition, we recruited 2 control groups. Our first control group was a set of 49 siblings (M_{age} = 8.3 years; SD = 2.5 years; 19 natal females, 30 natal males; 76% white non-Hispanic) of the transgender children reported earlier who were also aged 3 to 12 years. Whenever possible, the sibling closest in age was recruited. The second group of controls consisted of 73 typically developing children with no history of cross-gender behavior (M_{age} = 7.8 years; SD = 2.2 months; 51 natal females, 22 natal males; 71% white non-Hispanic) who were matched to each transgender child based on age and gender identity (eg, transgender girls had female controls). These unrelated controls were recruited from a university database of families in the Seattle area interested in participating in research about child development. Importantly, all parents were informed that this was part of a longitudinal study about gender nonconforming children's development, even though their children were not gender nonconforming. Recruitment and data collection is part of the TransYouth Project, a large, longitudinal study of American and Canadian transgender children's development, and matched controls from that larger study were used in the current work.

Measures

Internalizing Psychopathology

Symptoms of anxiety and depression were reported using the National Institutes of Health Patient Reported Outcomes Measurement Information System parental proxy short forms for anxiety and depression.[38] When possible, 2 parents completed these forms, and the averages are reported (n = 90); in all other cases, only 1 parent completed the forms (n = 115). (Importantly, results did not change if only mothers' responses [most often the only parent present when there was one reporter] were analyzed.) These scales are nationally normed and provide t-scores such that a score of 50 represents the national mean, with a SD of 10.

Demographics

Parents completed several demographic questions, including their child's race, sex, and age, and their household income (in quintiles: 1 = <$25 000/year, 2 = $25 001–50 000, 3 = $50 001–75 000, 4 = $75 001–$125 000, 5 = >$125 000/year). This information is reported by participant group in Table 2. With the exception of gender (siblings were more likely to have a male gender identity than transgender or age-matched control participants; the latter 2 groups were matched on this variable), the 3 groups did not differ on demographic variables.

RESULTS

Anxiety and depression t scores are reported in Table 3 by participant sample and natal sex. Transgender children's rates of anxiety and depression were first compared with the scale's midpoint (50), an indicator of average levels of depression and anxiety symptoms.[38] In terms of depression, transgender children's symptoms (M = 50.1) did not differ from the population average, P = .883. In contrast, transgender children had elevated rates of anxiety compared with the population average (M = 54.2), $t(72) = 4.05$, $P < .001$. Mean anxiety symptoms of transgender children were not in the clinical, or even preclinical, range, but were elevated.

To assess differences between transgender and control children in our sample, we ran a 3 (group: transgender, siblings, controls) × 2 (natal sex) between-subjects analysis of variance for depression and anxiety. Natal sex was used in

this analysis, rather than affirmed gender, because work with children with GID/GD used this convention,[35] allowing interested readers to make comparisons to past work with that sample and because previous work has suggested differences in internalizing psychopathology between natal boys compared with girls with GID.[35,39] For depression, there were no main effects of group, $P = .320$ or sex, $P = .498$, nor was there an interaction between condition and sex, $P = .979$. For anxiety, we found a marginally significant effect of group, $F(2189) = 2.91$, $P = .057$, and no effect of sex, $P = .990$, nor an interaction, $P = .664$.

TABLE 3 Anxiety and Depression *t* Scores by Sex and Sample

	Transgender ($n = 73$)	Controls ($n = 73$)	Siblings ($n = 49$)	*P*
Depression	50.1	48.4	49.3	.320
Anxiety	54.2[a]	50.9	52.3	.057
Depression by gender[b]				.979[c]
Natal boys	49.8 (trans-girls)	48.0	48.9	
Natal girls	50.8 (trans-boys)	48.5	49.9	
Anxiety by gender				.664[c]
Natal boys	53.7	51.1	52.8	
Natal girls	55.3	50.8	51.5	

[a] This is the only value that is significantly above the national average (50), although it is still substantially below the clinical (>63) or even preclinical (>60) range.
[b] Transgender children who are natal boys and live with a female gender presentation are often called transgender girls or trans-girls; transgender children who are natal girls living with a male gender presentation are often called transgender boys or trans-boys.
[c] Significance value of interaction between natal sex and group.

TABLE 4 Comparison of Present Sample With Previous Reports of Population-Normed Internalizing Scores for children with GID[24]

	Current Sample ($n = 73$)	Toronto ($n = 343$)	Utrecht ($n = 123$)
Mean age	7.7 y	7.2 y	8.1 y
Sample	Transgender[a]	GID[b]	GID[b]
Measure of internalizing	PROMIS[c]	CBCL	CBCL
Mean internalizing *t* score	52.2	60.8	64.1

Both the PROMIS and CBCL are normed such that the population mean is $t = 50$ and SD is 10. CBCL, Child Behavior Checklist; PROMIS, Patient Reported Outcomes Measurement Information System.
[a] The current participants were transgender, socially transitioned, and prepubescent.
[b] Participants in both the Toronto and Utrecht samples either met criteria for GID or showed subthreshold symptoms of GID.
[c] To compute an internalizing score for the PROMIS, depression and anxiety scores were averaged.

DISCUSSION

Socially transitioned, prepubescent transgender children showed typical rates of depression and only slightly elevated rates of anxiety symptoms compared with population averages. These children did not differ on either measure from 2 groups of controls: their own siblings and a group of age and gender-matched controls. Critically, transgender children supported in their identities had internalizing symptoms that were well below even the preclinical range. These findings suggest that familial support in general, or specifically via the decision to allow their children to socially transition, may be associated with better mental health outcomes among transgender children. In particular, allowing children to present in everyday life as their gender identity rather than their natal sex is associated with developmentally normative levels of depression and anxiety.

Critically, socially transitioned transgender children showed substantially lower rates of internalizing symptoms than children with GID reported in previous studies[35] (see Table 4). Our findings align with at least 1 other report of low mental health problems among children with GID supported in their gender identities,[34] a sample that may have included some socially transitioned transgender children. Comparisons between previous reports of children with GID and the current sample should be made cautiously, however, because the criteria for inclusion (transgender identities vs GID) and specific measures of internalizing psychopathology (PROMIS vs CBCL) differ across studies.

One might reasonably ask whether this study provides support for all children with gender dysphoria to socially transition. A few points are key to consider. First, all children in our study (unlike many children with the GD classification), had binary identities, meaning they identified as male or female. Thus, we cannot make predictions about the expected mental health of children who identify as male and female, as neither male nor female, or who identify as the gender associated with their natal sex but nonetheless exhibit behavior more often associated with the "other" gender after a social transition. Thus, just because a child behaves in a way consistent with a gender other than their natal sex does not mean that child is transgender nor that a social transition is advisable. Second, the children in this study were unique in many critical ways. They transitioned at a time when such transitions are quite controversial[5–9] and yet did so anyway. Surely not all families with transgender children make this decision, meaning there are likely characteristics that are unique to these families. In addition, the transgender children in this study all socially transitioned much earlier than nearly all transgender adults alive today in the United States and

Canada. Why might they have done so? Possibilities that we cannot rule out are that these children displayed earlier signs of their transgender identities, that they were more insistent about those identities, that they represent the most extreme end of the spectrum of transgender identities, or that parents today are just more educated about the existence of transgender children. It is too early to tell the ways in which these children and these families are unique. Finally, the children in this study were not randomly assigned to social transitions, precluding the ability to make causal claims about the impact of social transitions on mental health. These data are suggestive, nonetheless, that social transitions are associated with positive mental health outcomes for transgender children.

We cannot rule out several alternative explanations for our findings. First, rather than a direct impact of parental support, these generally positive mental health findings could be a more indirect result of parent support: namely, feeling supported in general (independent of a social transition) may lead to higher self-esteem,[40] which in turn may lead to better mental health.[41] Second, as alluded to earlier, there could be some unique third variable that explains the observed occurrence of typical mental health among socially transitioned transgender children. For example, perhaps some attribute unique to the subset of transgender children who are able to convince their parents to allow them to transition (eg, verbal skill, self-confidence) is responsible for these children having particularly good mental health, and it was this unique cognitive ability or aspect of personality that is either correlated with better mental health or leads to better mental health when a child feels he or she achieved his or her goal. Future studies examining children before and after social transitions may be able to address this concern. Finally, parents of transgender children could have biased reporting, reflecting a desire for their children to appear healthier than they are. We have no reasons to believe this was an issue but in the future aim to include other reporters (eg, teachers) to address this concern that others are likely to raise.

In addition to studying other explanations for these data, the current work begs for more research not only on children with other transgender identities (eg, children who identify as both or neither male and female), but also for work with children who have clear binary transgender identities, like the children in the current study, but who are not supported or affirmed by their families in these identities. Finding such children and particularly convincing their parents to allow them to participate in research, will be a challenge but one that is ultimately necessary for a clear understanding of the specific impact of transitions for these children.

Despite their overall relatively good mental health, socially transitioned transgender children did experience slightly more anxiety than the population average, although still well below the preclinical range. What might explain this result? Despite receiving considerable support from their families, these children likely still experience relatively high rates of peer victimization or smaller daily micro-aggressions, particularly if their peers know that they are transgender[42] which can in turn lead to marked elevations of anxiety symptoms and anxiety disorders.[43–45] Additionally, any transgender children who are living "stealth" or "undisclosed" (ie, whose peers are unaware of their transgender status), may experience anxiety about others discovering their transgender identity; previous work with adults has suggested that concealing a stigmatized identity can lead to psychological distress.[46] Furthermore, transgender children do not have the typical bodies of children with their gender identities, which could be a source of distress. Even when transgender children are allowed to use the bathroom, locker room, or be on the team with children who share their gender, the mere existence of these distinctions likely highlights the ways in which their bodies do not align with cultural expectations for children of their gender identity group. Relatedly, some children in our sample are approaching puberty, and most are aware that puberty will cause physical changes in an unwanted direction (unless puberty blockers are administered), which could generate considerable worry and anxiety.

Importantly, although these socially transitioned prepubescent children are doing quite well in terms of their mental health at this point, parents and clinicians of such children should still be on the lookout for potential changes in the status of their children's mental health. In general, the prevalence of depression is relatively low in prepubescent children and rises dramatically during adolescence.[47] It is possible that transgender children will exhibit greater anxiety and depression than their peers during the adolescent transition because of the sources of distress mentioned earlier, which will likely become worse with time (a possibility we aim to test with prospective follow-up of this sample). Thus, while adolescence is a time of increased perceptions of stress for many adolescents,[48] many of these issues are exacerbated for transgender teens. Transgender adolescents, whether they do or do not delay puberty through medical intervention, often experience body dysphoria (as their bodies do not match the bodies of their

same-gender peers), making sex and relationships even more worrisome than among their nontransgender peers.[49]

CONCLUSIONS

In sum, we provide novel evidence of low rates of internalizing psychopathology in young socially transitioned transgender children who are supported in their gender identity. These data suggest at least the possibility that being transgender is not synonymous with, nor the direct result of, psychopathology in childhood.[27] Instead, these results provide clear evidence that transgender children have levels of anxiety and depression no different from their nontransgender siblings and peers. As more and more parents are deciding to socially transition their children, continuing to assess mental health in an increasingly diverse group of socially transitioned children will be of utmost importance.

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ABBREVIATIONS

GD: gender dysphoria
GID: gender identity disorder

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REFERENCES

1. Jacob Lemay lives life as transgender child. *NBC News*. April 21, 2015. Available at: http://www.nbcnews.com/storyline/transgender-kids/jacob-lives-life-transgender-child-n345296. Accessed August 2, 2015
2. Nicholson K. Coy Mathis' family celebrates civil rights win for transgender child. *Denver Post*. June 24, 2013. Available at: http://www.denverpost.com/ci_23529796/coy-mathis-family-celebrates-civil-rights-win-transgender. Accessed August 2, 2015
3. Sulek J. Transgender grandchild: Rep. Mike Honda says 8-year-old's gender change not a phase. *San Jose Mercury News*. February 2, 2015. Available at: http://www.mercurynews.com/bay-area-news/ci_27559981/transgender-grandchild-congressman-mike-honda-says-8-year. Accessed August 2, 2015
4. Wallace K. When your young daughter says "I'm a boy." *CNN*. June 2, 2015. Available at: http://www.cnn.com/2015/03/18/living/feat-transgender-child-raising-ryland. Accessed August 2, 2015
5. Ehrensaft D. Why conversion therapy for transgender youth is unethical. *L.A. Times Readers React*. May 26, 2015. Available at: http://www.latimes.com/opinion/readersreact/la-le-0526-transgender-children-20150526-story.html. Accessed August 2, 2015
6. Steensma TD, Cohen-Kettenis PT. Gender transitioning before puberty? *Arch Sex Behav*. 2011;40(4):649–650
7. Vanderburgh R. Appropriate therapeutic care for families with pre-pubescent transgender/gender-dissonant children. *Child Adolesc Social Work J*. 2009;26(2):135–154
8. Vilain E, Bailey JM. What should you do if your son says he's a girl? *L.A. Times*. May 21,2015; www.latimes.com/opinion/op-ed/la-oe-vilain-transgender-parents-20150521-story.html Retrieved on August 3, 2015.
9. Zucker KJ, Wood H, Singh D, Bradley SJ. A developmental, biopsychosocial model for the treatment of children with gender identity disorder. *J Homosex*. 2012;59(3):369–397
10. Almeida J, Johnson RM, Corliss HL, Molnar BE, Azrael D. Emotional distress among LGBT youth: the influence of perceived discrimination based on sexual orientation. *J Youth Adolesc*. 2009;38(7):1001–1014
11. Clements-Nolle K, Marx R, Katz M. Attempted suicide among transgender persons: The influence of gender-based discrimination and victimization. *J Homosex*. 2006;51(3):53–69
12. Colizzi M, Costa R, Todarello O. Transsexual patients' psychiatric comorbidity and positive effect of cross-sex hormonal treatment on mental health: results from a longitudinal study. *Psychoneuroendocrinology*. 2014;39:65–73
13. Grant JM, Mottet LA, Tanis J, Harrison J, Herman JL, Keisling M. Injustice at every turn: a report of the national transgender discrimination survey. National Center for Transgender Equality & National Gay and Lesbian Task Force. 2011. www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf. Retrieved on August 4, 2015
14. Haas AP, Eliason M, Mays VM, et al. Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: review and recommendations. *J Homosex*. 2011;58(1):10–51
15. Maguen S, Shipherd JC. Suicide risk among transgender individuals. *Psychol Sex*. 2010;1(1):34–43
16. Terada S, Matsumoto Y, Sato T, Okabe N, Kishimoto Y, Uchitomi Y. Suicidal ideation among patients with gender identity disorder. *Psychiatry Res*. 2011;190(1):159–162
17. Bockting WO, Miner MH, Swinburne Romaine RE, Hamilton A, Coleman E. Stigma, mental health, and resilience in an online sample of the US transgender population. *Am J Public Health*. 2013;103(5):943-951 [pmid: 23488522]

18. Grossman AH, D'Augelli AR. Transgender youth and life-threatening behaviors. *Suicide Life Threat Behav*. 2007;37(5):527–537

19. Koken JA, Bimbi DS, Parsons JT. Experiences of familial acceptance-rejection among transwomen of color. *J Fam Psychol*. 2009;23(6):853–860

20. Russell ST, Ryan C, Toomey RB, Diaz RM, Sanchez J. Lesbian, gay, bisexual, and transgender adolescent school victimization: implications for young adult health and adjustment. *J Sch Health*. 2011;81(5):223–230

21. Bauer GR, Scheim AI, Pyne J, Travers R, Hammond R. Intervenable factors associated with suicide risk in transgender persons: a respondent driven sampling study in Ontario, Canada. *BMC Public Health*. 2015;15:525

22. Liu RT, Mustanski B. Suicidal ideation and self-harm in lesbian, gay, bisexual, and transgender youth. *Am J Prev Med*. 2012;42(3):221–228

23. Budge SL, Adelson JL, Howard KAS. Anxiety and depression in transgender individuals: the roles of transition status, loss, social support, and coping. *J Consult Clin Psychol*. 2013;81(3):545–557

24. Rotondi NK, Bauer GR, Travers R, Travers A, Scanlon K, Kaay M. Depression in male-to-female transgender Ontarians: results from the Trans PULSE Project. *Can J Commun Ment Health*. 2011;30(2):113–133

25. Ryan C, Russell ST, Huebner D, Diaz R, Sanchez J. Family acceptance in adolescence and the health of LGBT young adults. *J Child Adolesc Psychiatr Nurs*. 2010;23(4):205–213

26. Simons L, Schrager SM, Clark LF, Belzer M, Olson J. Parental support and mental health among transgender adolescents. *J Adolesc Health*. 2013;53(6):791–793

27. Coates S, Person ES. Extreme boyhood femininity: isolated behavior or pervasive disorder? *J Am Acad Child Psychiatry*. 1985;24(6):702–709

28. Coolidge FL, Thede LL, Young SE. The heritability of gender identity disorder in a child and adolescent twin sample. *Behav Genet*. 2002;32(4):251–257

29. Di Ceglie D. Gender identity disorder in young people. *Adv Psychiatr Treat*. 2000;6(6):458–466

30. Rosen AC, Rekers GA, Friar LR. Theoretical and diagnostic issues in child gender disturbances. *J Sex Res*. 1977;13(2):89–103

31. Yunger JL, Carver PR, Perry DG. Does gender identity influence children's psychological well-being? *Dev Psychol*. 2004;40(4):572–582

32. Zucker KJ. Gender identity disorder in children and adolescents. *Annu Rev Clin Psychol*. 2005;1:467–492

33. Wallien MSC, van Goozen SHM, Cohen-Kettenis PT. Physiological correlates of anxiety in children with gender identity disorder. *Eur Child Adolesc Psychiatry*. 2007;16(5):309–315

34. Hill DB, Menvielle E, Sica KM, Johnson A. An affirmative intervention for families with gender variant children: parental ratings of child mental health and gender. *J Sex Marital Ther*. 2010;36(1):6–23

35. Cohen-Kettenis PT, Owen A, Kaijser VG, Bradley SJ, Zucker KJ. Demographic characteristics, social competence, and behavior problems in children with gender identity disorder: a cross-national, cross-clinic comparative analysis. *J Abnorm Child Psychol*. 2003;31(1):41–53

36. Singh D, Bradley SJ, Zucker KJ. Commentary on "An affirmative intervention for families with gender variant children: parental ratings of child mental health and gender" by Hill, Menvielle, Sica, and Johnson (2010). *J Sex Marital Ther*. 2011;37(2):151–157, discussion 158–160

37. Kuvalanka KA, Weiner JL, Mahan D. Child, family, and community transformations: findings from interviews with mothers of transgender girls. *J GLBT Family Studies*. 2014;10(4):354–379

38. Varni JW, Thissen D, Stucky BD, et al. PROMIS® Parent Proxy Report Scales: an item response theory analysis of the parent proxy report item banks. *Qual Life Res*. 2012;21(7):1223–1240

39. Zucker K, Bradley SJ. *Gender Identity Disorder and Psychosexual Problems in Children and Adolescents*. New York, NY: Guilford Press; 1995

40. Townsend SSM, Markus HR, Bergsieker HB. My choice, your categories: the denial of multiracial identities. *J Soc Issues*. 2009;65(1):185–204

41. Mann M, Hosman CM, Schaalma HP, de Vries NK. Self-esteem in a broad-spectrum approach for mental health promotion. *Health Educ Res*. 2004;19(4):357–372

42. Wilson I, Griffin C, Wren B. The interaction between young people with atypical gender identity organization and their peers. *J Health Psychol*. 2005;10(3):307–315

43. McLaughlin KA, Hatzenbuehler ML, Hilt LM. Emotion dysregulation as a mechanism linking peer victimization to the development of internalizing symptoms among youth. *J Consult Clin Psychol*. 2009;77:904

44. Arseneault L, Milne BJ, Taylor A, et al. Being bullied as an environmentally mediated contributing factor to children's internalizing problems: a study of twins discordant for victimization. *Arch Pediatr Adolesc Med*. 2008;162(2):145–150

45. Hawker DSJ, Boulton MJ. Twenty years' research on peer victimization and psychosocial maladjustment: a meta-analytic review of cross-sectional studies. *J Child Psychol Psychiatry*. 2000;41(4):441–455

46. Quinn DM, Chaudoir SR. Living with a concealable stigmatized identity: the impact of anticipated stigma, centrality, salience, and cultural stigma on psychological distress and health. *J Pers Soc Psychol*. 2009;97(4):634–651

47. Hankin BL, Abramson LY, Moffitt TE, Silva PA, McGee R, Angell KE. Development of depression from preadolescence to young adulthood: emerging gender differences in a 10-year longitudinal study. *J Abnorm Psychol*. 1998;107(1):128–140

48. Larson R, Lampman-Petraitis C. Daily emotional states as reported by children and adolescents. *Child Dev*. 1989;60(5):1250–1260

49. De Vries AL, Cohen-Kettenis PT, Delemarre-van de Waal H. Clinical management of gender dysphoria in adolescents. *Int J Transgenderism*. 2006:9(3–4):83–94

Mental Health of Transgender Children Who Are Supported in Their Identities

Kristina R. Olson, Lily Durwood, Madeleine DeMeules and Katie A. McLaughlin

Pediatrics 2016;137;
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DOI: 10.1542/peds.2015-3223 originally published online February 26, 2016;

Karen Karwocki

From: Jason Spencer <jasonwilliamspencer@gmail.com>
Sent: Saturday, January 30, 2021 4:34 PM
To: ~House Children and Family Law Committee
Subject: HB68

I am writing to voice my opposition to HB68, sponsored by Rep. Testerman. I find this bill reprehensible. The sentiments contained within the proposed text are cruel, destructive, and regressive, and are designed specifically to harm transgendered youth and their families.

Trans Rights Are Human Rights.

I urge you to vote no on HB68.

Thank you,

Jason Spencer, Littleton, NH

--
Jason Spencer
603.616.8478

Karen Karwocki

From: Michelle lee <michellebriannalee@gmail.com>
Sent: Saturday, January 30, 2021 3:56 PM
To: ~House Children and Family Law Committee
Subject: Oppose HB68--Prioritize the mental health and wellbeing of Transgender youth in NH

Dear NH House of Representatives Committee on Children and Family Law,

I am a resident of Merrimack and was shocked to recently learn about HB68, which would deem all gender-affirming medical care child abuse. This is transphobic and unacceptable. Gender-affirming medical care is a personal decision between the individual, their medical provider, and the family in the case of the child's age. As such, it should not be penalized. Research, such as this study done by The Trevor Project (https://us-east-2.protection.sophos.com?d=thetrevorproject.org&u=aHR0cHM6Ly93d3cudGhldHJldm9ycHJvamVjdC5vcmcvMjAyMC8wMS8yOS9yZXNlYXJjaC1icmllZi1nZW5kZXItYWZmaXJtaW5nLWNhcmUtZm9yLXlvdXRoLw==&i=NWViOWEzNmVkMDA3MzIxNzcxMzJhMTc2&t=dWxCVzFzTGZoQjYvYTJVZ2dqRktXeGxSTWlYQkorRElUa1dOMnFRWFRlbz0=&h=21d6b286a7024fe8982f030f54d86dd3) shows that gender affirming care greatly improves the mental health of transgender youth, which is critical given that in 2019 transgender and non-binary youth experienced anxiety and depression at 10x the rate of their cisgender peers, with 54% of transgender and nonbinary youth having seriously considered suicide in the past year, and 29% having made a suicide attempt. Chronic discrimination against this marginalized group plays a large role in the prevalence of mental health disparities, however gender affirming care is one way to improve their mental health. As such, classifying gender affirming medical care as child abuse would further harm these children.

The safety and wellbeing of many transgender people is at stake because of HB68. Classifying gender-affirming medical care as child abuse denies children necessary medical care—which is actually child abuse. Transphobia has no place in New Hampshire.

Best,
Michelle Lee

Karen Karwocki

From: Finnegan Scease <Finn9171@comcast.net>
Sent: Saturday, January 30, 2021 1:14 PM
To: ~House Children and Family Law Committee
Subject: HB68 Opposition

It's absolutely disgusting that this is even being considered, the enormous impact this would have on many at risk kids cannot be understated. This is the type of thing you see on radical message boards, not getting voted on by a committee and it's shameful.

Karen Karwocki

From: Isabella Smith <bellamsmith26@gmail.com>
Sent: Saturday, January 30, 2021 9:38 AM
To: ~House Children and Family Law Committee
Subject: Bill HB68

I know all the old people that are going to be voting on this bill don't understand and if you do I thank you but it's not fair to stop someone from being themselves America is built on freedom yet people countinue to take it away from minority's and people that are different! Are motto is literally "live free or die" this goes for everyone and if you stop people from getting the medicine to at allows the the freedom of expressing them you are contradicting your own beliefs. Many people who are transitioning need the medicine it is ready stupid expensive but not even get the chance to be-able to get it. It's terrible and unfair most people if they don't fina feel good in there skin will become very depressed and self conscious it could lead to them to even killing them selfs and that's another epidemic people are trying to stop. It could also lead to more bullying because so might not get and judge like who ever proposed this bill, and because they will never get the medicine that allows there testosterone or hormones it just makes it hard for someone to feel safe in there skin as the opposite gender. If you want to help the bullying issue in NH and the epidemic of suicide and also just showing that we are accepting and nice people and truly live by our motto you should vote "no" to this obscene bill! Thank, and feel that if you don't there will be many angry people and we will protest peacefully and try to undo all your mistakes. As it is our duty as citizens to protect one another if those who are in government fail us.
Thank you,
Bella

Sent from my iPhone

Karen Karwocki

From: Oriana Filiault <oriana2424@gmail.com>
Sent: Saturday, January 30, 2021 9:22 AM
To: ~House Children and Family Law Committee
Subject: Oppose HB68

I wish to express my opposition to HB68. Trans children have enough barriers already. Gender-affirming healthcare is NOT child abuse.

Karen Karwocki

From: jx243 <jx243@aol.com>
Sent: Saturday, January 30, 2021 9:03 AM
To: ~House Children and Family Law Committee
Subject: HB68

Life is difficult enough for trans children.
Do not make it harder for them by categorizing them as abused children.

As a retired teacher of 25+ years, I strongly oppose this bill, HB68.

Jacqueline Filiault
209 Bunkerhill Road
New Boston, NH
693-487-2159

Karen Karwocki

From: Max Marrone <mmarrone219@gmail.com>
Sent: Saturday, January 30, 2021 1:35 AM
To: ~House Children and Family Law Committee
Subject: Testimony

Good Afternoon,

Enclosed is testimony (please see below) I would like to submit in regards to HB68 on February 3 at 1:15.

Thank you for your time,

Max Marrone
603 677 2847

Thank you for taking the time to hear me. I realize your time is limited and valuable. The same can be said for workers throughout the state of NH who struggle to find homes and resources for abused and neglected children, on a daily basis. If this bill were to pass, precious resources would be taken from an already limited pool, and children who are actually abused and neglected would suffer. Having worked with children who have experienced actual abuse and neglect, I feel confident saying that often their stories are often far worse than you or I could imagine. Their stories are a far cry from the loving, caring parents who are supporting their children's gender identity because a wealth of scientific literature and medical professionals tell them that if they do not do this, their child is significantly more likely to commit suicide and have a wealth of adverse consequences. If we want children to develop into healthy adults of society who contribute then we need to allow them to become this by not passing bills which would cause them to have significant mental health consequences. I urge you to consider the irreversible harm which will occur to children if this bill is passed. I also urge you to not further stress the system of child protection as it is already stretched thin and children who are actually abused and neglected will suffer. I urge you to not waste hard earned tax payers money to have workers investigate loving, caring, science based parenting. Thank you

Karen Karwocki

From: Emily Auger <emilyrauger@gmail.com>
Sent: Friday, January 29, 2021 9:27 PM
To: ~House Children and Family Law Committee
Subject: In opposition to hb68

Hello,
I am writing to testify in opposition to HB68. I am a health care provider in Bedford, a physician assistant providing primary care.
I have some training in Trans medicine. I have attended the Rhode Island Trans health conference. This is an evidence based conference sponsored by Brown University school of medicine and cosponsored by Blue Cross Blue Shield.
The most basic point I can make, is that I am not aware of any healthcare provider who is educated on this issue, who believes that treating a child based on their gender identity is child abuse.
I do not feel it is child abuse. In fact, suppression of a child's true gender identity is associated with higher rates of suicidal ideation, suicide attempts.
Another important medical aspect of this conversation is the fact that if you change hormones prior to puberty, you can get external gender expression to match gender identity more closely without necessitating as much invasive surgery.
Lastly, if you are worried about parents imposing these things on their children, I would support prosecuting a parent who gave their child hormones against the child's will and without the oversight of a licensed provider. This is why we hold medical licenses. The public trusts us to act in the interests of our patients and these children have thorough psychological evaluation prior to intervention to ensure their gender identity is genuine.
As in all cases, I prefer safer, less invasive interventions made earlier.
Please help protect the children of New Hampshire and support their parents who are doing the best they can.
Making this harder on these poor families is unkind and it is not in the interest of protecting granite state families.
I appreciate your consideration.
Emily Auger, PA-C
Bedford NH

Sent from my iPhone

Karen Karwocki

From: Mackenzie Brooks <Mackenzie.Brooks@becket.org>
Sent: Friday, January 29, 2021 7:12 PM
To: ~House Children and Family Law Committee
Subject: HB 68

Good Evening,

I am writing today on behalf of myself to OPPOSE HB68. The language, "(g) Subjected to drug treatments or surgery in an attempt to alter the sex of the child assigned at birth" is used to say this would be child abuse and is inaccurate information not backed by research. This proposed bill is another attempt at legislators making medical decisions that should be left to physicians and clinicians with proper education and training on the subject. This is not a political discussion.

Thank you for your time.

Mackenzie Brooks, MSW
Milieu Clinician
MPA - ERT
603-960-0146

Karen Karwocki

From: Andrew Kaplan <AKaplan@counselingcenter.com>
Sent: Friday, January 29, 2021 3:17 PM
To: ~House Children and Family Law Committee
Subject: regarding HB68 attn: The Child and Family Law Committee

To Whom it May Concern:

I am told that

HB 68 will define medical intervention for gender expansive and trans minors, as child abuse.

If this is the case, as a child psychiatrist practicing in the state for over 5 years, I staunchly oppose this bill. It is my professional opinion that such a bill, if passed, would be very likely to lead to serious emotional harm and poor psychiatric outcomes for the Gender Dysphoric pediatric community.

Sincerely,

Andrew Kaplan, DO

Andrew Kaplan, DO
Regional Medical Director
LifeStance Health, Inc.
(o) 603-778-2005 x 407
(f) 603-883-0007
(e) AKaplan@counselingcenter.com

Karen Karwocki

From: Renee Cupples <renee.cupples@gmail.com>
Sent: Friday, January 29, 2021 2:09 PM
To: ~House Children and Family Law Committee
Subject: Opposition to HB68 from a constituent

To Whom It May Concern,
I am writing to voice my opposition to HB68 that proposes sexual reassignment should be added to the definition of an abused child in RSA 169-C, the child protection act. While I believe offering sex-changing treatment to kids younger than 18 may raise ethical concerns and their parents' motives need to be closely examined, this is not a decision that is made lightly in any regard and in no way should be deemed as child abuse in a legislative bill. I believe this bill will further put the affected children in harm's way by placing even more restrictions to the mountain that already exists in facilitating the transitioning process which in the majority is closely monitored by caregivers and health professionals with utmost regard for the existing laws. This bill would drive affected citizens out of New Hampshire to relocate to a state that has more regard for their well being and rights to obtain the health care that protects them instead of inhibits, discriminates against and disregards them. I know a family who relocated from our town in NH to Massachusetts this past year for this very reason. It is both unjust and a travesty for this bill to even be considered let alone pass.
Sincerely,
Renee Cupples
Constituent

HB68: a response

First and foremost, I want to address some misconceptions about the process of transitioning during childhood. People have a tendency to assume that allowing a child to transition means subjecting them to hormone replacement therapy and sex reassignment surgeries, but this is simply not the case. No doctor will prescribe a child under the age of 16 cross-sex hormones without a diagnosis of gender dysphoria, which is the continued presence of discomfort with one's gender, and any child who has received such a diagnosis has already been through hours upon hours of therapy. As such, transition before then generally entails the use of different pronouns, the assumption of a more fitting name, and a change in wardrobe. All of these actions are completely reversible.

Once a child who exhibits symptoms of gender dysphoria reaches their pubescent age, the next step is to put that child on puberty blockers. Blockers are completely safe to use and, should the child grow comfortable with their gender assigned at birth, they are also completely reversible. The medical community has been using blockers to treat other hormonal issues such as overactive thyroids for decades, so we have a wealth of data to back this. For children who find that they want to pursue their transition further, blockers are a must. They prevent the development of secondary sex characteristics that would otherwise be impossible to change or would require a surgical intervention to alter.

If a child reaches age 16 and is still expressing a desire to identify with a gender different to that which was assigned to them, hormone replacement therapy and surgical alteration are not only ideal, but necessary in many cases. In fact, prohibiting such children from doing so is likely to cause them severe psychological harm and, given that this is the case, it would actually be a form of abuse to refuse to provide trans children with the resources they need to transition.

Regarding intersex children, there's a section of the bill that allows for the surgical alteration of children whose genitals are ambiguous at birth. Such procedures are incredibly harmful for these children both physically and psychologically, as intersex people who have had these surgeries report experiencing nerve damage and scarring in their genitals and in addition to that, when forced to assimilate to a gender that their genitals are most easily associated with, some of these people develop gender dysphoria. Due to this potential to cause great harm to intersex children, these individuals should be given the room to decide for themselves if they want surgery in the future rather than being forced into surgical intervention before they can speak.

This bill has a lot of personal significance to me. I'm a trans person and although I came to that conclusion fairly recently, I think about what life could have been like if I had access to blockers and HRT at a younger age. Had I been able to use blockers, I would have had a much happier childhood. I remember spending my teen years hating my body and feeling so limited by this massive insecurity. Most teenagers experience discomfort as their bodies change, but the feelings of contempt I had for my body were so distinct and intense in comparison to the way my peers talked about their insecurities. They were primarily aimed at my feminine features; features that I wouldn't have had if I were on blockers. In addition to that, I still experience

dysphoria over certain aspects of my body like my hips, which I cannot alter now as an adult thanks to my first puberty, and those aspects which I was able to alter cost me weeks of recovery, thousands of dollars, and a significant degree of physical and psychological distress.

I urge you all to think about this critically for a moment: what parent would advocate for their child to transition as a means of abusing that child? Most people don't even know what it means to be trans until they meet a trans person and, for the most part, parents only go forward with helping their kid transition once they see their kid struggle to cope with a gender assignment that they aren't comfortable with. We live in a society in which gender roles are so rigid that the mere sight of a man in a dress creates outrage, so if a parent is supporting their child's transition, chances are the harm done by forcing that child to conform to a gender that they don't identify with far outweighs the social backlash that comes from the transition itself.

I know it's an ugly discussion to have, but trans kids, without having access to gender-affirming medical care, will experience greater risk of suicide. So when it comes to addressing medical intervention for these individuals, we have to be extremely careful about placing barriers between them and their care. Without top surgery and testosterone HRT, I wouldn't be sitting here having this discussion with you all, and the same goes for lots of kids out there who are just like me. Keep that in mind as you cast your vote.

Karen Karwocki

From: David Wilkins <dwilkinsnh@gmail.com>
Sent: Wednesday, January 27, 2021 12:37 PM
To: ~House Children and Family Law Committee
Subject: HB68 - perspectives from a father and a lifelong Republican

Members of the Children and Family Law Sub-Committee,

As the father of a transgender son and as a lifelong Republican (prior to Trump), I'm writing to urge you to kill HB68. I also would like to share a bit of my experience in hopes of educating you about why ongoing attempts at these sorts of laws just need to stop.

If it's not evident from the quality of this email and it's argumentation, please know that I'm a business executive and nationally recognized expert in my field. As an accomplished and educated person, I've spent considerable time and energy understanding transgender and LGBTQ issues overall and consider myself, if not an expert, certainly far more educated than most citizens. I hope that this comes through and that this adds some level of additional weight to my comments beyond my personal experience.

Let's start with the obvious: gender reassignment surgery or related hormone therapies are not child abuse. They are complicated, fraught, and agonizing decisions that children and families endure to ultimately pursue what they deem best for the kids.

In my son's case, that journey involved multiple years of therapy across three therapists and a psychologist to uncover why he was suicidal and depressed. That journey included three suicide attempts, one very nearly successful. That journey included multiple years of being "out" as a male to classmates - dressing as a male, being addressed as a male by students and teachers, explaining his gender dysphoria to grandparents and cousins and family friends, updating licenses and social security numbers. That journey involved bullying and physical assaults across two schools while administration claimed to care while they very obviously turned a blind eye. Only after my son had been through all of this, when it was clear from my own research, and the opinion of multiple therapists, and years of expressed conviction of my son, did we decide to proceed with hormone therapy.

Within days of the start of hormone therapy, we could see a change in our son's demeanor and attitude. After two years of hormone therapy, we agreed to his desire for a double mastectomy. And now he is scheduled for a hysterectomy. I share these very stark and direct medical terms because you need to understand and feel in your guys what I feel as a parent. My little girl - the girl I bounced on my knee, that I taught how to dance, that I coached in soccer, that I imagined walking down the aisle, that little girl who's children I imagined holding someday - that girl is gone. As dead in some ways as if she died. And I helped that little girl to die so that she could become who she always imagined herself to be. In that process, I let go of my hopes and dreams and embraced hers.

HB68 calls what I did abuse. I say that it's the hardest thing I've ever had to do as a parent - to love the kid I had and not the one that I imagined I had; to embrace that kid's sharp edges and pain and hide my own, never showing him how much his journey was killing me inside so that I could be his rock as he faced pain and fear and uncertainty so much larger than my own. As a parent, I watched as he had to drop out of sports and lose a piece of himself in the process. I watched as he skipped school activities - proms and dances and clubs. I watched as he lost friends. None of this was caused by his gender reassignment - this all happened before he even started hormone therapy. What does HB68 have to say about these issues? Nothing of course. Why? Because it's built from a starting point of ignorance. The physical endgame of being transgener is NOTHING compared to the long and agonizing mental health journey that proceeds it. How do the loss of breasts and ovaries compare to the loss of childhood friends, a happy High School experience, sports and clubs, "never to be replaced" childhood milestones and touchpoints? How does the pain of surgery compare

to the pain of those losses? How does the physical part compare to telling your grandfather that you are a boy not a girl? How does it compare to the difficulty of building a new identity and somehow loving who you were even as you chart a path to being someone else? It's just so ludicrous on its face and so obviously launched from a place of ignorance.

The thing HB68 fails to consider is that my son KNEW all of this would happen the moment that he came out as transgender, maybe not every loss, maybe not the depth of every emotional cut, but enough to know the overall cost and the price he would pay. And he STILL chose this path. He knew deep down, even as a teenager, that the pain of living an inauthentic life would be worse than the pain of these other losses. And now as he's moved on to college, it's clear he made the right choice - he earned a 4.0 in his first semester and was invited by three of his five teachers to be teaching assistants in their classes next semester. He's making new friends. He's happier. He's healthier. He sees a future for himself that he never could fully imagine even a few years ago. This is what HB68 deems abuse. If it weren't so wrong and so potentially damaging to so many vulnerable kids and families, it would be comically ignorant. Instead, it's criminally ignorant and hateful.

What's criminal isn't me helping my son transition, it's the idea that some fucking politician or law would prevent me from doing so. What's criminal here is that this same asshole proposed this same dumbass law two years ago as well. What's criminal is that somehow, in 2021, we're still basing laws on some random old white dude's opinion vs. on data and science.

I'll leave you with a few pieces of future reading for your education and some thoughts from me as a lifelong Republican about why this isn't even consistent with Republican values or principles.

First some reading:

http://sitn.hms.harvard.edu/flash/2016/gender-lines-science-transgender-identity/

This is probably the best resource on the science of transgender individuals. It also cites dozens of other related research papers which you could follow independently.

In a nutshell for those of you that don't want to do the reading: gender identity is expressed in the body and in the mind. The body part is what we all see - literally your body parts and of course facial hair, muscle development, facial features etc... The mind part is what we don't see and is the result of hormones and hormone response. Science has confirmed many times that it's possible for the body and mind to be out-of-sync where the brain could "feel" female even if the body parts are male. From the above link: "Several studies confirmed previous findings, showing once more that transgender people appear to be born with brains more similar to gender with which they identify, rather than the one to which they were assigned."

If you accept the science (and it's Harvard with multiple citations to primary research papers so why wouldn't you?) then it simplifies the issue of what it means to be transgender: someone is transgender when their "brain" gender doesn't match their "body" gender. Ironically, from a scientific perspective, all of those hateful transphobic comments over the years about "it [transgender identity] being all in your head" actually turns out to be true. It is "all in people's heads" because your brain determines your sense of your own gender and even, in some cases, the way your body will respond to gender-specific drugs. Again, this is science and data, not speculation, not the Bible, not random old person du jour pining for the "good ole' days when "men were men and girls were girls."

Additional data to consider (research links provided at the bottom of this email):

- LGB youth seriously contemplate suicide at almost three times the rate of heterosexual youth.
- LGB youth are almost five times as likely to have attempted suicide compared to heterosexual youth.
- Of all the suicide attempts made by youth, LGB youth suicide attempts were almost five times as likely to require medical treatment than those of heterosexual youth.

- Suicide attempts by LGB youth and questioning youth are 4 to 6 times more likely to result in injury, poisoning, or overdose that requires treatment from a doctor or nurse, compared to their straight peers.
- In a national study, 40% of transgender adults reported having made a suicide attempt. 92% of these individuals reported having attempted suicide before the age of 25.
- LGB youth who come from highly rejecting families are 8.4 times as likely to have attempted suicide as LGB peers who reported no or low levels of family rejection.
- Each episode of LGBT victimization, such as physical or verbal harassment or abuse, increases the likelihood of self-harming behavior by 2.5 times on average

You want to make the above worse? Give kids zero option and zero hope of ever living a normal life by taking away the one chance they have to feel "normal." If you pass this law, you'll have to wonder what part you had in every transgender kid's suicide attempt from that point forward, and I guarantee you, it won't just be one or two. I love my kid deeply; I fought for him all through this; and he still nearly took his life. If he had no way out, no hope for a change before college, I don't know if we could have pulled him through.

Thoughts from a lifelong Republican

Lastly, I want to share my perspective as a lifelong, Reagan Republican. I remember a time when one of the central tenets of the Republican platform was individual responsibility and the general concept that "individuals or those closest to individuals (cities and states) better understand their own needs and better fulfill their own needs than the federal govt." This is the entire premise of state and individual rights that underpin one of the longest standing, core planks of the Republican Party. And it's the premise of our state motto - Live Free or Die.

HB68 specifically seeks to not only insert govt. policy in place of individual and family decision-making, but it criminalizes that decision-making. Imagine my shock then to see that HB68 is sponsored by a Republican. Let me be as clear as I possibly can be on this front - there is NOTHING about this bill that conforms to a Republican viewpoint. Either you believe in individual liberty or you don't. Clearly the dude who sponsored this legislation does not believe in liberty. I could give two fucks what his opinion is about any of this - he hasn't lived my life, he hasn't lived my son's life, and he is not my child's parent. Full stop. He has zero business inserting himself into these decisions and he has zero business calling himself a Republican. The fact that this dude holds office at all is mind-blowing and a sad testament to the state of politics today.

Thank you for taking the time to read this message. I hope my lived experience and the data I provided will help inform what should be an obvious decision to reject this ridiculous legislation. If you want to reach out to me directly for more, please feel to email me anytime. Sources for the above bulleted items can be found below my sign-off below.

Warm regards,

Dave

Sources for the bullet list:

CDC. (2016). Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9-12: Youth Risk Behavior Surveillance. Atlanta, GA: U.S. Department of Health and Human Services.
James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality.
Family Acceptance Project™. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. Pediatrics. 123(1), 346-52.
CDC. (2016). Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9-12: Youth Risk Behavior Surveillance. Atlanta, GA: U.S. Department of Health and Human Services.
IMPACT. (2010). Mental health disorders, psychological distress, and suicidality in a diverse sample of lesbian, gay, bisexual, and transgender youths. American Journal of Public Health. 100(12), 2426-32.

Bill as Introduced

HB 68 - AS INTRODUCED

2021 SESSION

21-0013
05/10

HOUSE BILL ***68***

AN ACT relative to the definition of child abuse.

SPONSORS: Rep. Testerman, Merr. 2

COMMITTEE: Children and Family Law

ANALYSIS

This bill adds sexual reassignment to the definition of an abused child in RSA 169-C, the child protection act.

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Explanation: Matter added to current law appears in ***bold italics.***
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

HB 68 - AS INTRODUCED

21-0013
05/10

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty One

AN ACT relative to the definition of child abuse.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 Definition of Abused Child; Sexual Reassignment Added. Amend RSA 169-C:3, II(f) to read as follows:

(f) Subjected to an act prohibited by RSA 632-A:10-d***; or***

(g) Subjected to drug treatments or surgery in an attempt to alter the sex of the child assigned at birth, except in rare cases of ambiguous genitalia. For purposes of this subparagraph, ambiguous genitalia refers to a medical condition in which a child's gender at birth is in question because the genitals do not appear clearly male or female.

2 Effective Date. This act shall take effect 60 days after its passage.